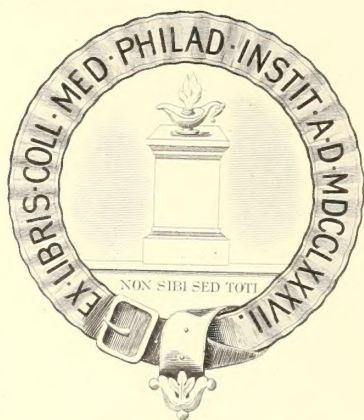




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MAGNETISM VERSUS ELECTRICITY.

Read before the New York County Homœopathic Society.

BY

S. J. WHITE, M.D., New York.

I do not propose to give you a long dissertation upon all the different theories extant concerning the subject of this paper, I will only present to you a few facts relating to it. It seems that what we now know as magnetic treatment was known to the Egyptians in the time of Celsus and Arnobius, to the Hebrews in the time of Elijah and Elisha, to the Greeks when Pyrrhus king of Epirus lived; as it is related of him, that "he cured by touching slowly, and for a long time the painful side." Again according to Celsus, Aesclepiades put to sleep by means of fric-

tions, those affected by phrenzy. The Druids also cured by the same power as several old authors testify, and Von Helmont says of it in the middle ages, that it was "active everywhere, and had nothing new but the name. The above facts are taken from an old work translated from the French in 1844, and written by Alphonse Teste, M.D. The practice as shown by these statements is not of recent date, but has existed and gathered around it for centuries the opprobrium attendant upon all remedial agents not recognized by the "regular schools," but well deserves that it should occupy a

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place beside galvanism and electricity.

In many instances it is superior to either when properly applied. It has become, as De la Rive says of electricity, "an absolutely indispensable study for every one who practices, teaches or in any way cultivates science or medicine and wishes to be acquainted with the discoveries of the present day." Garratt of Boston says in the preface to his work on "Medical Electricity and Nervous Diseases," that, "vitality and electricity are now known to be intimately related," but still further on that vitality is more than electricity, and that life is electro-chemistry vitalized, and on page 103 relates some experiments performed by M. Mobili in 1827, in which he showed that the muscles and nerves of animals, would deflect the needle of the galvanometer; those of a frog deflecting it to 30° ; thus proving that in every living being exists a power akin to electricity, but still unlike it, named by Mesmer magnetism, because of its analogy to the currents produced by the magnet. That this power may be increased, and governed by the will is proven by many, and that it may be used as a healing agent, thinking minds cannot deny. But although near akin to electricity, I claim for it, that it is superior to it, in its healing powers. It will often do more for us in critical cases than electricity, and is better adapted to many people, for it causes less disturbance, and no organic lesion as electricity in some of its forms may do in inexperi-

enced hands. Do not understand me to say that it never causes disturbances, for I think every author who has written upon the subject of magnetism, speaks of a 'crisis' being produced, and my own experience has been that it arouses the vitality to such an extent as to increase all the symptoms, particularly in chronic diseases. Again, like electricity it may not reach the case at all, or one magnetizer may cure, where another would fail.

It has its laws of polarity, and must always effect more in the hands of those who understand it, than in the hands of those who are ignorant of its laws. Our own Hahnemann speaks of what it will do in nervous and unbalanced conditions, and in hemorrhages, but says nothing of its power to restore health to diseased nervous tissues, or to give tone to long tried and enfeebled muscular fibre, and yet it has done this when electricity has failed. He does not speak of its efficacy in acute inflammatory processes where remedies sometimes fail, to arrest the pain and suppuration, and yet it will do more in these cases than all other agents, often perfecting a rapid cure. I will give you my experience in three cases which will best illustrate these points.

CASE NO. 1.—Mrs. M. C. No children, has had for some time some disease of the uterus, which has been for the last four years diagnosed as prolapsus. For the last two years has had vaginitis and vaginismus combined with it. Her sufferings at times

were intense; the pain was of a burning character, smarting, accompanied with languor, and most of the concomitant symptoms attending these diseases. After trying many modes of treatment she concluded to use electricity as a last resort, and called upon me to apply it.

I found upon examination the spasm of the sphincter vaginæ so great that I had to make several efforts before I accomplished an examination, and found the vaginitis extended upward toward the uterus nearly two-thirds the length of the vagina, while the prolapsus was of the first degree; the os resting against the rectum caused constipation. Combined with these symptoms there had been some disease of the lungs which had yielded to treatment, but her condition was anything but favorable to a rapid recovery. Replacing the uterus gave only temporary relief, as it would immediately fall, unless some mechanical support was constantly worn, and so great was her suffering at times that she had to resort to anodynes, saying she should become insane unless she could get relief. I knew that electricity had done much for me in cases of a less aggravated form, and I expected much from it in this one, though I knew the progress must be slow, but the result was very unsatisfactory.

I hoped to break up the existing conditions of this case, by treating her with the vaginal electrode in nearly the same manner as usual, by introducing the positive current into

the vagina, while I placed the negative at some distant point, but at each visit she reported herself no better. After giving it a fair trial for three weeks or more, I abandoned it as useless, and determined to try animal magnetism. I used the hands as conductors, and the effect was truly gratifying. The index finger of the right hand I made the vaginal electrode for the positive current, while I used the left hand over the abdomen as a negative, and after bathing the hands in fresh water I gave her the deep shampooing of Garratt over the back, chest and lower extremities; each application occupied an hour. This treatment soon reduced the vaginitis and vaginismus, and given at irregular intervals, sometimes of months, has so strengthened the ligaments and tissues as to enable them to retain the uterus in position. No remedies have been given, our whole reliance has been magnetism, and this alone has restored health and the natural function.

CASE NO. 2. Is that of a lady about 36 years of age, of American parentage, tall, light complexion, vivacious, married, mother of one child.

Years before her marriage had dysmenorrhœa, accompanied with spasms, caused by wetting her feet and clothing during menstruation. At the time of my first acquaintance with her, she had been under the care of an allopathic physician for anteversion and chronic hyperplasia. During every menstrual period there was a tendency to congestion in the head and

lungs, and sometimes a cough, with expectoration of blood-streaked mucus in lumps, which seemed to be detached from the region near the bifurcation of the bronchus. Her physician had applied electricity with much benefit, but she was still far from well, and her lungs at times were very sensitive. She commenced her treatment with me nearly a year after our first acquaintance, and by pursuing somewhat the same method as her former physician, she improved slowly under the combined action of Phos. 30th to 200th and electricity, followed by a few magnetic applications (5 or 6 I think), and was soon able to spend several months in the country. During the past winter she contracted a heavy cold while walking through the deep snow, which caused a return of all the old dysmenorrhœal symptoms, cough, raising of blood, intense headache, &c. In treating this case my brother and I formed a magnetic battery, he, by placing his left hand under her head, while I placed mine over the sternum in the region of the affected part. I then joined my left with his right hand, and thus completed the circuit. After we had remained ten or fifteen min-

utes in this position, I placed my right hand over the hypogastric region, and continued the current as before for the same length of time; my brother finished by the deep shampooing of back and extremities. This method cured the disease of the lungs, and on her return to the city we hope to cure all other symptoms.

CASE NO. 3.—Is that of a gentleman 64 years of age poisoned in October last by inhaling the fumes of new paint, after which he had a severe attack of painter's colic, which was relieved after some hours by *Cantharis* 200. Nov. 1st, was again attacked with the same symptoms, and after twelve hours of suffering, and finding no relief from remedies I thought I would try magnetism, and following the best course I could under the circumstances. I placed my right hand over the region of the solar flexus of nerves, on the back, allowing it to rest there. In about ten minutes the patient was in a sound sleep; previous to this he had been tossing from side to side in great agony. There has never been but one recurrence of the symptoms, and these were soon cured by magnetism and *Lyc.* 2dc., one dose.

CHOLERA INFANTUM—ITS CAUSE AND TREATMENT.

A Lecture Delivered at the Hahnemann Hospital

BY

CHAS. E. BLUMENTHAL, M.D.

The most prolific cause of the enormous mortality in our midst, is the

careless and injudicious treatment of children. These tender plants are

entrusted to us, to be reared to maturity by those to whom nature and nature's God has consigned them. But how is this duty discharged? No judicious selection is made in the diet of these little ones; no care is taken to adapt the food to their tender and as yet very susceptible stomachs. Too often when I have inquired, after a disease had attacked one, what has been the diet of the child, the reply was, "a little of everything; they get a little of everything that is on the table;" and that often when the child was only two years old. What that little of everything is, we all know, who have partaken of the hospitality of any of our well-to-do families. The stomach is thus called upon at the age of two, three or four years to do duties for which it is hardly prepared in after life. Then comes also the mistaken kindness in training the taste for candies which clog, and the sweetmeats and nuts which wear out the delicate mucous membrane.

And lavishly as these things are bestowed upon the child, it is sparingly indulged in the oxygen, the health-giving draft of the fresh air, imbibed only in deep draughts, when excited by vigorous exercise.

The matter of dress of these little ones, is still more a just subject of our disapprobation. We live in one of the most variable climates on the globe; and we prepare to a certain extent for these changes in the selection of the garments we wear, at least the male portion of the community does so, and in a less degree the female

portion. But is this the case with the children also? By no means. They are dressed with no regard to health, but with every regard to the picturesque, and what a fashion-cultivated taste, calls charming. Charming forsooth, little bare legs, the color of boiled lobsters, or covered by gauze stockings, which afford but a sham protection, petticoats, even if made of flannel, that come half way down to the knee and afford no protection to the abdomen and the delicate convolution of the bowels; shoes with soles so thin as to offer no protection against the damp, which exhales two-thirds of the year from our pavements, and their little chests covered only up to on a line with the arm pits. How would their fair mothers or grown sisters, like to be turned out in such a dress upon the streets, with a piercing cold bracing the atmosphere? I will say nothing of the appearance, and if it looks well in a miniature woman, it ought to become a full grown one, but could they do so and not get sick? And if they with their more hardened constitutions, could not endure it, why do they expect that these delicate beings can do so with impunity? The treatment which the babies receive is still a more prolific source of death, but of that hereafter. I have now enumerated a part of the causes that swell our death list, and which lay the foundation to our dyspepsia, bronchial and lung diseases, and all the sequelæ that follow in the train of measles and scarlatina, or

which annually thousands fall victims.

Nothing will arrest our fearful mortality, therefore, more effectually or completely than the efforts of the physicians, to teach their patients by constant and reiterated exhortations how to live, and it must be line upon line, precept upon precept, in order to impress them with the importance of the subject; and for one such domestic lecture the patients can better afford to pay the fee of a visit, than for any visit made to the sick chamber. Prevention is better and worth more than a cure.

But the most prolific source of the heaviest mortality among children, which arises in part out of the culpable ignorance of parents and sometimes even of those who profess to be their medical advisers, is undoubtedly

CHOLERA INFANTUM,

better known to the laity as summer complaint.

It is, as its popular name implies, peculiarly a disease of the summer season. June, July and August are more especially the months when it makes its dread appearance in the middle and northern states, a month or two sooner in the more southern regions of the United States. No part of this land is exempt from its visits; nor is it peculiar to this country. Europe also is frequently the field for its action, with only this difference that there it appears in a much milder form, always sporadic, and comparatively rarely fatal. It makes its ap-

pearance though only when the mean height of the thermometer has risen to 65° Fahrenheit, and becomes not virulent until it exceeds that of 71°. It is the child of heat, of sultry weather, and no matter how much it may revel in its destruction with a thermometer at 75°, a single night's change in the atmosphere; a fall of seven or eight degrees in twenty-four hours, will arrest its progress, and neutralize its poison, as much so as the fangs of the serpent are paralyzed by the touch of the frost finger. Cool summers are always noted for few cases of cholera infantum. In 1816, a year remarkable for its unusual coolness, when fires were comfortable in almost every month of the year, there was only one death of cholera infantum recorded in New York. We thus see that a high temperature is a *sine qua non* for the appearance of cholera infantum; but if this high temperature is accompanied with much moisture in the atmosphere, then have we the most favorable condition for an aggravated development of the dread disease. A hot and moist atmosphere prevents the dispersion of the exhalations from the body, closes the pores of the skin more or less and clogs the lungs; with it we experience a prostration of the whole system, and indigestion follows as a consequence, and the child, so much more subject to these impressions, is made more liable to an attack of the disease. Indeed all cholera patients become worse during the prevalence of such an atmosphere. Children between six months

and two years are chiefly subject to the disease. The sex of the child need not be taken into consideration. But children who are nursed by their mothers, provided the nurse and the milk are healthy, and the latter adapted to the age of the child, are more exempt from the disease, and particularly its virulence; while those who are fed with other food, or scrofulous children are particularly liable. Indigestion, which is the almost certain consequence of such unnatural feeding, prepares the bowels thus imposed upon for the reception of the disease, whenever the atmospheric condition favors its appearance. Hence those who are injudiciously fed upon a little of every thing on the tables, are generally the first and sure victims of cholera infantum.

The approach of the disease, when ready to fasten on its victim, is always made in the most insidious manner, so gently as hardly to cause any alarm to parents or nurse.

A gentle diarrhoea is all that is first noticed. Sometimes the stools are rather more frequent, from five to ten in twenty-four hours, but as their character differs but little from the healthy evacuations, and as the child is usually teething, no one is alarmed, and sometimes rather pleased even that its bowels are kept open while it is getting its teeth. But after a few days, a change may be noticed by a close observer. The evacuations gradually increase in number and change in character; they become watery. The child

becomes restless and sleepless; an unusual thirst is manifested, and while the skin loses its ruddy appearance, a gradual prostration is noticed. If the proper remedies are still withheld, it will continue on in this condition a few days longer, getting weaker by almost imperceptible stages, until suddenly the disease casts off its mask. The child is attacked by violent vomitings, it grasps greedily after the glass of water in the hand of its attendant, and drinks until it can hold no more, but only to throw it up again as soon as swallowed, and then resumes its clamor for more; almost suddenly are its emaciated features changed into those of an aged person. The eyes become hollow, restless, and dim; sleep continues only a few minutes at a time; the nose has a pinched appearance, and the cheek bones project as if pressing through the skin. How often have many of us stood by the side of the poor little sufferer in this stage, and noticed its restless, beseeching look, while the head turned from side to side, and its little hands outstretched to bystanders, as if pleading for relief from its now fearful agony. Its thirst has now become so intense that we often see the tongue protruding like that of a panting dog.

But its destroyer keeps on his even way; he has now the victim in his grasp. The evacuations increase with terrible rapidity, and become constantly more watery, until they change to a light brown or green color, with a smell as if corruption had set in; sometimes they are even bloody.

Gradually the hands and feet become icy cold, and the voice simply a low and hardly perceptible moan, until that also ceases. The head now turns only mechanically from one side to the other, while the limbs continue in perpetual motion.

The diarrhœa has by this time almost ceased, and the icy coldness spreads over the whole body, paralysis sets in, the pulse becomes imperceptible, and death closes the scene. This final is sometimes only varied by its being preceded by convulsion, indicative of a complication with hydrocephalus or congestion of the brain.

These are the three stages through which this fearful disease leads its victims, as frequently witnessed by myself, viz: Diarrhœa, diarrhœa with nausea and vomiting, and diarrhœa, with vomiting and its effect on the brain. The picture which I have here drawn refers only to one form of the disease—the chronic one; but there is another—the acute form, which gives us no time to watch its progress and deliberate on the means to combat it most successfully. The symptoms which I have described, and which it takes days, nay, sometimes weeks to develop, in the chronic form, follow one another in the acute in a few hours, and death takes place in from twenty-four hours to three days.

If the child recovers, we will find the first favorable symptom, fewer stools, and of a yellow color, the consistency of thick gruel, a quiet sleep covers its eyelids, and a gentle perspiration accompanies a higher temper-

ature of the skin; the aged look disappears from its face, and is replaced by the childish expression so peculiar to that age.

The disease, in the first and second stages, is perfectly curable, but when the third stage has fully set in under unfavorable atmospheric influences, it is frequently almost beyond the skill of the physician to arrest it.

Before considering the most successful treatment in this fearful malady, let us examine the concealed causes of the disease, its *modus operandi* upon the internal structure, and why and how it kills.

A post mortem examination of the body of a child recently dead of cholera infantum, reveals to us empty bowels coated in spots with a viscous slimy matter. The mucous membrane of the bowels will be seen covered with numerous small, white and hard kernels, separate or in groups.

These kernels are some round and smooth and others again indented in the center and discolored, and are the glandulæ of the bowels, whose functions are to furnish a juice as essential to digestion as the gastric juice of the stomach or the bile of the liver. These glandulæ are hardly visible in the intestines of a baby before it is four months old, but become more prominent in proportion as it grows older, and as soon as it commences to partake of solid food, they also become active in supplying the juice requisite to a proper digestion.

The glandulæ seen on the mucous membrane of the intestine in an in-

fact which was found at autopsy in the terminal are thus prominent because enlarged by inflammation and congestion, and the dark, discolored indentations in the center are orifices made by suppurations in the glands.

Nor are these glandulæ alone inflamed and congested, the whole mucous membrane of the intestines and stomach is equally involved, and partakes of the same suppurative. If we examine the liver, we will find its color altered, when in a normal condition, hard and distended, protruding, and tender to the touch. The gall-bladder contains rarely its dark green bile, generally it is filled with a pale, thin, watery mucus-like fluid. We have previously mentioned its rupture if it is congested. If the patient has had convulsion, before death, it will become swollen by containing thousands of microscopic congested, and dilated vessels.

That the essential element, so, in the disease, we must admit, is only to be found in the abnormal condition of the mucous membrane of the stomach, intestines, and liver, as already described. The abnormal condition of one or more organs is only the result of an accidental complication.

We trace, however, when we come to the discussion, and what its characteristic features. Excessive congestion in any blood vessel results necessarily, either in the tearing of the coats of the vessel, or in the pressing the serum out into the intestines.

Large quantities of the serum are

thus poured out of the vessels into the criss, and are absorbed into the lymphatic, making it turbid and undigested food. The intestine, thus, becomes itself congested, and the mucous membrane is so inflamed that it refuses to aid any longer in digest-

ing, and the food can not be supported and passed on, but is rejected by the mouth. Thus comes closing and hand the avenue for renewed sustenance, and no nourishment can be received, the intestine is discharging out the ever-increasing quantity of serum, one of the most essential ingredients of the life-sustaining fluid.

When results are as rapid as these, then, those who have seen the case, cannot but admit that death is consumed, thirst, burning thirst, at times every hour, the pulse small, and the child is consumed, as darkness sets in, and the struggle the great comes to close. It is a fatal condition, and a so soon, and supporting to be, and leading to a fatal result, the child to battle with the king of terrors, in behalf of some loved and cherished child, which the mother feels she cannot give up, no matter at how many painful moments, and, finally, and finally beaten, by an enemy, he has been trained to fight, and, and, and is often a support to other children.

But we need not find it so, as it is a so unpleasant a situation. It will only put on our whole armor, and support ourselves not to be overcome by the thoughtlessness of parents, the propitiation of old legends, and the ridicule of our world, as we see it.

ren of a system which rather sacrifices a patient, than acknowledge that there may be found successful remedies not taught in their school. There are two ways of snatching the prey from the hunter. One is to prevent the approach of the disease, the other of curing it. Both are in our power.

To prevent it we must look first to the diet, though that alone, even if unexceptional, is no sure preventative. Even to let a child depend wholly on the nourishment which it derives from its nurse's breast affords no security against an attack of cholera infantum; though children who nurse are certainly more favorably situated than those who do not. But this is only true if the nurse is careful to select her own diet with reference to her nursling. If the nurse, during the hot season, eats salads, early vegetables, early fruit, cheese, or drinks much coffee, she will very likely have a child sick with diarrhœa or even cholera. Again, if gross diet or excesses have produced a creamy milk or rich and buttery, the child will surely manifest the result by indigestion, throwing up its food, and the result will be alternate—constipation and diarrhœa—a condition which prepares it most effectually to become a candidate for cholera infantum. Still, every child ought to be nursed from the breast of a healthy woman—if possible its mother—until nature indicates, by pushing the teeth through the gums, that more substantial, or, at least, a varied diet may be prescribed. When this time of

feeding the child comes, then is the advice of the physician most needed. And here let me at the very outset caution against the abominable messes most prevalent and highly lauded by nurses generally. I mean crackers and arrowroot. Crackers of all denominations, from pilot bread to soda crackers, are really nothing but half-baked or dried saturated flour, as indigestible as boiled dumpling; and arrowroot and tapioca are still worse than even crackers. Many cases of diarrhœa have I seen in children which I could trace directly to these two articles of diet. Nourishment they contain in so small a degree that indigestion has to be brought about by quantity given, in order to secure enough to give sustenance. The best diet for children who commence to feed, is broth made of chicken or veal, and for older ones, of beef. If children do not like so much liquid food, prepare toast of good home-made wheat bread and soak it in the broth before feeding it. Broths are also improved for the use of the child by adding a small quantity of sugar of milk. Never let a child be weaned during mid-summer or mid-winter; April, October, and November are the safest months for weaning the child. But not even the best care, as it regards the diet of the child, will always be a sure preventative. I have already shown that the child destroyer, cholera infantum, can only exist in a certain temperature of the atmosphere; that his power for mischief increases as the temperature rises, and dimin-

ishes as it falls, and that he selects ill-fed or injudiciously fed and scrofulous children as his favored subjects.

If possible, therefore, send those who can go, away from the heat of the city; for unlike that of the country, it not only comes down by day, but comes up to us by night also, thus allowing no interval for recuperation. But let the place of refuge in the country be selected with care. It ought to be a hilly region, if possible well wooded, such as are found in many parts of the country; for the villages on the flat country around large cities suffer equally from the scourge of *summer complaint*.

There will be still many whose circumstances may not permit this hygienic every summer. They must then endeavor to make their abode as much as possible impervious to the excessive heat. Let the windows and shutters be opened throughout the whole house an hour before sunrise and closed again an hour after sunrise, to be reopened an hour after sunset and closed or partially closed before retiring, and they will have comparatively cool houses, and comfort for the babies.

Every child ought moreover to have a cold bath every morning and night, and ought during the summer months be indulged as often as possible with a trip on the river or into the country. If in addition to these precautions we add care in dress, neither too hot in summer nor too cool when a sudden change in the

weather occurs, we shall have provided ample preventatives against that scourge of early childhood, which is the subject of our remarks.

A few words now on the treatment of the disease in its various stages will bring the address to a close.

I have already remarked that in its first, and even in its second stage, the disease is perfectly manageable; not so in its third stage, that is when the skin of the face of the child shrivels constantly more and more, the pulse becomes hardly perceptible, and that icy coldness peculiar to this disease spreads gradually over the whole body, then indeed is there but faint hope for its recovery. But even in that stage I have known cases to rally and get well, but not under allopathic treatment. Homœopathy alone have I seen achieve such an unexpected victory.

When I am fortunate enough to be called to a case of cholera infantum in its first stage I consider it a cause for self-congratulation. After having seen that proper attention is given to the diet and dress of the child I give immediately Ipecac or Gnaphalium Polycephalum (cat-foot). The latter remedy I have found in the early stages of summer complaint almost a specific. And here permit me to say that I look upon every diarrhœa of the infant during the cholera months as the first stage of cholera infantum and treat it as such. We must not be misled by the kind information that the child is

teething, and that the nurse thinks it is nothing but a little looseness of the bowels consequent thereon, and that it is good for the child. Such fatal nonsense, if heeded, will only lull us into a security from which there is always a fearful awakening. If *Gnaphalium* does not arrest the diarrhœa in forty-eight hours, and if the stools become sour and watery, then we will find *Chamomilla* and *Dioscorea Villosa* of great service, but not in alternate doses, each remedy must be given for six hours, every hour, and then discontinued and the other substituted. Should vomiting set in in spite of what we expect from our remedies, and the child gradually pass over into the second stage, its stools begin to show serum mixed with mucus, and the ash-color make its appearance in the face, that color by the way is a distinctive characteristic of this disease, as dark blue, is that of asiatic cholera, then we must have recourse to *Arsenic*, and it is a most admirable remedy in this stage. It alone will often suffice to change the whole aspect of the symptoms, and bring them back to the appearance they had during the first stage, but we must not abandon that remedy immediately on seeing the symptoms, for which it was called in, give away. It must be pushed, of course, at longer intervals for at least three days, and exchanged for *Veratrum Viride*, not *Veratrum Album*, to be continued for two days longer, when we may return again to *Chamomilla* at long intervals. But should we be called in unfortunately during

the last stage, or when the second stage is already merging into it, when our patient looks like a dwarfed old man, or old woman, the shriveled face turned toward us, with that pitiful beseeching look, which we can readily imagine, says plainer than words: "Help me! Oh I suffer so much." Let us not despair as yet, though the case is desperate, and the chances of recovery few, let us remember that such cases have recovered, though rarely. *Xanthoxylum Fraxineum* (Prickly Ash) has proven itself at least in two cases, which have come under my observation, as worthy to be relied on. It arrested the discharge of the serum, and enabled the patient to retain the sustenance administered, and, though not alone, contributed to the cure of two children, who were already by all who saw them, considered as wholly beyond hope. And now, before I close these remarks, I must not withhold from you the fact, that no matter what remedies I administer during this disease, I consider my best adjuncts, in the treatment, the constant administration of the expressed juice of the grape. The mode of administering it I vary, sometimes the juice of three or four grape berries in a teaspoonful of chicken tea, sometimes in a very little water, and sometimes pure pressed into the mouth. Had I the time I could recite to you wonderful effects which I have seen of the grape, not only in this, but also in many other diseases of the intestines.

I trust that these few hints, on one of our most fearful diseases, may prove of some service to those called upon to combat it.

NOTES FROM PRACTICE.

W. P. ARMSTRONG, M.D., La Fayette, Ind.

We, as homœopaths, believe that, as diseases vary in type, the remedies must also vary, for the remedy must be similar to the disease. For this reason, what is useful one year in a given disease, so-called, frequently is not useful the next, and something else, which has, perhaps, for years been of but little value, is now called for and becomes the chief remedy. I believe that the same, in a measure, is true even of the different attenuations of the same remedy. Eight years ago last winter the town of Paris, Ill., where I was practicing at the time, was visited by a terrible epidemic of whooping cough; not that the disease itself was fatal, although it was certainly bad enough, but pneumonia would frequently set in with it, causing many cases to terminate fatally. I distinctly remember that in one day there were six burials in the village cemetery, and five of them were from whooping cough and its complications; but homœopathy has no confessions to make. My hands were full, but of all my cases not one died.

The mother was apt to think at first that the child was better because its cough had ceased, or nearly so, but the little fellow's breathing became faster and faster, his breath grew hotter and hotter, one or both cheeks became fiery red, and the pulse

increased to an alarming frequency. They were generally worse about the middle of the night. Dulness was usually found over the greater part of one lung, and sometimes both were involved. In the advanced cases of hepatization Phosphorus seemed to be absolutely necessary. It was generally used in the third attenuation. Bryonia was of little use, being seldom indicated by the totality of the symptoms. In the vast majority of the cases the entire group of symptoms, both objective and subjective, disappeared promptly under Aconite 30 alone. Constantly growing worse up to the time the treatment began, the patients were generally worse the following night, but the next day would find themselves much improved, and from that time on their progress towards recovery was rapid. Acon. 1st x. and 3d were tried in the first few cases, but seemed powerless to do good. No local applications whatever were used in any of the cases. Right here let me whisper to those who, not loving humanity more, but law and labor less, boast of their freedom and delight in the multitude of their irregularities, that nearly, if not quite all of those who died in that epidemic had not only received morphine in some shape to ease their sufferings, but had been blistered as well. And, again, if the blister as an indi-

rectly homœopathic remedy is good, why is not the directly homœopathic remedy better? Let us all study the *materia medica* more closely, and try to find the right remedy in each case, and, when found, let us give it, and give it in such a way that it can have a chance to act, and that we may know whether it is doing its work or not.

But to return. I have never been able to do anything with the thirtieth attenuation of *Aconite* in pneumonia since, although I have tried it many times. The first decimal has taken its place where *Aconite* is indicated, and I have not the least reason to complain of the results.

Dulcamara is a remedy which, until eight months ago, had not often found a place in my practice, and was seldom used with benefit. If it was partly because I did not thoroughly understand its use that certainly was not all the reason for neglecting it. The cases requiring it were seldom met with by me. During the past winter, however, it has been found indicated in a great number of cases, and in nearly every instance its use has been followed by satisfactory results. For a long time we had very severe cold weather, with frequent slight snow storms and but little sunshine. This was followed by a thaw, with a cold and exceedingly damp south wind, which easily chilled one through. During the cold weather, but more especially during the thaw, we had many cases of a species of catarrhal fever, with pulse consider-

ably accelerated, but not bounding; more or less thirst; skin not hot to the touch, but feeling so to the patient; catarrhal symptoms involving the entire respiratory tract; heaviness and aching in the head; neck stiff and lame, and pain and lameness almost all over the back. Other cases were different, but those I have here described evidently called for *Dulcamara*. They had not the dry and hot skin, the bounding pulse, nor the chilliness on motion, of *Aconite*. *Bryonia* was not the remedy, for there was not that great dread of motion, nor the pain on inspiration, so characteristic of it. Lying on the opposite side made no difference. *Rhus* was not indicated, for the characteristic restlessness was not present.

Dulcamara has its proper niche to fill, and should not be forgotten. Cases in which it is likely to be needed are not generally dangerous nor violent, but are often exceedingly unpleasant and painful, and sometimes call loudly for relief. It will be found of great use in many of those cases produced or aggravated by cold and damp weather, provided that the other symptoms correspond, but if given with reference to this symptom alone, its use will quite likely be followed by disappointment. *Rhus* has the same characteristic, almost, if not equally, as well marked. The principal distinguishing feature is that the great restlessness of *Rhus* is absent in *Dulcamara*. I am aware that "relieved by motion" and "aggravated by rest," are given as characteristics of this

remedy, but they are not found to any marked extent in the pathogenesis while the so-called "crick in the

neck," against which it is so effectual, is aggravated by the slightest motion.

PHLEGMONOUS ERYSIPELAS OF THE FACE.—A CASE.

JOS. H. M'DONOGALL, M.D., New York.

I was called on the morning of May 16, 1879, to attend Lucy D., a girl 13 years old, who had been ailing for a few days before. When her condition became alarming it frightened her parents so much as to induce them to abandon domestic treatment, and the professional was called.

I found the patient in bed, her face red and so intensely swollen that she was unable to open either eye. There was a blister as large as a silver half dollar on her left cheek, and several smaller ones on her forehead and face. Her countenance was so disfigured by subcutaneous effusion as to give her an imbecile expression. She was drowsy, very thirsty and stupid; would talk to herself about school affairs, but could be readily aroused, and would answer questions intelligently, but soon relapsed again into her former lethargic condition.

The temperature about 9 A. M. was $102\frac{1}{4}^{\circ}$. I left Rhus Rad. 30, 5 drops in half a glass of water, one teaspoonful to be given every hour.

I called again about 3 P. M., and found that the temperature had risen to $105\frac{1}{2}^{\circ}$, just $3\frac{1}{4}$ degs. higher than in

the morning. Prescribed Aconite every hour until the fever should abate, then to continue the Rhus every 2 hours. I must admit that there was no special indication for Aconite except the dangerously high temperature, and I gave it simply as a palliative. I was in a quandary: I was not satisfied with the action of Rhus, yet I thought that the rapid increase of the fever might be due to an aggravation consequent upon the too frequent administration of that remedy.

I thought of Apis 'mel', but was deterred from prescribing it by the great thirst (Johnson says without thirst), though the drowsiness and œdema seemed to call for it.

May 17, 1879, I called about 11 A. M., and found the temperature $102\frac{3}{4}^{\circ}$, just $\frac{1}{2}$ a deg. above that of the morning before. The patient had some pain, of which she did not complain to me before, and was unable to lie on either side. I then prescribed Nux vomica 30, 3 powders, the second to be given half an hour after the first, and the third 1 hour after the second (this was to antidote the Rhus. I also left Apis mel. 3rd, to be given

every hour, then every 2 hours. I called again in the latter part of the afternoon and found the temperature 102° Fahr., just $3\frac{1}{2}$ degrees lower than that of the previous afternoon, the pain almost gone, the patient feeling a happy sense of relief. The large blister on the left cheek had broken, discharged its fluid contents, and was drying up (the others soon followed in its wake.) I directed the Apis mel. to be given every two hours.

May 18, 1879, temperature $100\frac{3}{4}$, 2 degs. less than the previous morning. Continued Apis every 2 hours. I did not call in afternoon.

May 19, $98\frac{1}{4}$ degs. Apis every 3 hours.

May 20, about 3 P. M., $98\frac{1}{2}$. . . Apis. May 22d, temperature normal. Apis. May 24, temperature normal. Apis 30x. May 27, patient presbyopic. Nat. mur. June, 19, patient called at the office, I found that she had regained almost entirely her former vision, but there still remained a very slight degree of swelling of the face, not so noticeable to a stranger as to

those who had known her before this sickness, when her face was rather thin.

She complained of some photophobia and swelling of the eyelids in the morning on rising, which would go down generally during the day. I prescribed Sulphur 30, every 3 hours, to be followed by Cal. carb. four times a day to correct a strumous tendency and for a chronic headache.

I deem it proper to here state that I did not keep a record of the pulse, because I believe it to be only an approximate, and not an accurate indicator of the temperature. I have known the pulse to be below normal and the temperature 102° ; therefore I do not think we are always justified in counting one degree rise in the temperature for every ten beats accelerative of the pulse.

I believe also that if I had discontinued the Apis sooner and followed it by Sulphur, the cedema would have subsided more rapidly.

CURE OF SCROFULOUS OPHTHALMIAS BY ARS. ²

BY

DR. LOOSVELT.

Read before the Homœopathic Medical Society of Flanders.

(Translated by F. A. G.)

I was called upon to treat, in the course of this winter, five cases of scrofulous ophthalmia, of which three had for several months been treated by allopathic physicians. These ophthalmias showed considerable thickening of the eyelids, a puffing

and a very strong redness of the ocular and palpebral conjunctiva, an abundant muco-purulent secretion, ulcerations on the cornea, and especially a burning pain and an exceedingly intense photophobia. In one case even, there was a staphylome

above the right pupil. *Mercurius*, *Belladonna*, *Sulphur*, *Apis* successively employed procured no relief, and I finished by having recourse to Arsenic. This remedy was administered in the thirtieth dilution, a few globules dissolved in a glass of water; a teaspoonful was given every three hours. This treatment improved all the symptoms and cured all these patients. The use of this drug should be continued for several weeks, and when I stopped its administration for a few days a remarkable aggravation manifested itself, to quickly yield, however, to a renewed dose. This medication has also always been the means of improving the general condition and constitution of the patients. A singular phenomenon, to

which I wish to draw your attention, occurred to me in two of the cases; it was the presence of a purulent matter similar to pulverized brick powder, mixed with a dry mucilage, which adhered to the eyelashes, the eyelids and the eyebrows. This phenomenon showed itself several days in succession, and resembled a crisis coinciding with a very marked improvement of the ocular disease.

In short, I am satisfied that Arsenic of a high dilution and long continued should play a great part in the treatment of scrofulous ophthalmias. I ought, however, to add that in the course of the treatment I thought it advisable to give a dose of Sulphur or Pulsatilla.

NEW IMPORTANT PATHOGNOMONICAL SYMPTOM OF LYCOPODIUM.

DR. FOOSVILLE.

(Translated by T. A. G.)

I cannot refrain from calling your attention to a symptom which seems to me characteristic for the administration of *Lycopodium*, and which has caused me several times to give this drug with success. This symptom, which is scarcely indicated in Jahr's Manual, consists in the eyelids partly opened in sleep; the conjunctiva is then dry and purulent like, and the cornea is hidden under the upper eyelid. It sometimes presents itself with the prostration and convulsive contractions of the muscles of the eyes, of the face and limbs, in meningitis and hydrocephalus, which often terminates in death; several serious diseases of children, such as bronchial catarrh, pneumonia, and typhoid fever. These symptoms, especially if joined to con-

stipation, have often placed me on the road to *Lycopodium*, and on one recent occasion helped me to save the life of a child, of which I was very fond. This child, after vomiting a few times, was taken with a violent fever, total loss of consciousness, drowsiness, insensibility and convulsive contractions of the eyes, limbs and face. *Aconitum* and *Belladonna* given for twenty hours had done nothing toward changing this condition and a disastrous termination seemed imminent, when the condition of the partly opened eyelids made me think of *Lycopodium*. In less than one hour after the administration of the first dose, I was able to discover a slight improvement. The next day the child was out of danger.

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Editor.

Charles E. Blumenthal, M.D., I.L.D.

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EDITORIAL.

THE JUST CLAIM OF THE MEDICAL STUDENT UPON HIS ALMA MATER.

When a medical student enters one of our colleges as an accepted undergraduate and his fee is paid, the college enters tacitly into an agreement to furnish him with all the means requisite to acquire a thorough knowledge of all the branches of a medical education, and in our school, in addition, with instruction in the principles and practice which we have adopted as peculiarly our own. When he has passed a satisfactory examination at the close of his three years course, he is further entitled to a diploma as a certificate of his ability and of his right to practice medicine

in accordance with the law of the land.

Having received this diploma, he naturally looks to his alma mater to protect him in his rights acquired by this certificate, and to defend him when his claim founded upon the possession of that diploma is challenged.

We fear full justice has hitherto not always been done to the undergraduates, and certainly not to the graduates of homœopathic colleges.

It is true, of late years a great improvement has taken place in the curriculum of our colleges, and in the period required to complete a full course of lectures. But there is still room for vast improvement in the manner in which our students are instructed. There is too much taught in a given time, and, as an inevitable result, too little thoroughly understood and appropriated by our young men. There is too much cramming done in consequence of it.

Even three years is not enough for a student to be thoroughly grounded in all the branches of his medical education that now compose a regular course. Several of these branches that are now parts of the modern curriculum, might be advantageously omitted, and some of the others and more important ones more thoroughly taught, more particularly the theory and practice of homœopathy and the rational principles upon which it is founded. Our undergraduates as well as graduates are woefully deficient in the latter branch.

But our graduates have just cause of complaint against their alma mater for the indifference manifested to protect the holders of its diplomas in the just rights conferred with it.

The holders of a diploma, legally obtained from a college authorized by the laws of this country to confer such certificates of qualification, are justly entitled to have their rights secured by this document, fully protected, and are entitled to look to their alma mater for aid in securing these rights.

The holder of a diploma from any college of the old school, even the smallest and most insignificant, can present himself to the medical examiner of the general government as a candidate for a medical commission as a surgeon in the navy or army, and his claim is respected.

Not so with him who holds a diploma from a homœopathic college; when he presents himself he is snubbed, and generally refused even the opportunity to show what his qualifications are. We all know that this treatment is wrong in every sense of the word.

Our colleges are regular medical institutions, chartered by the law-makers of the different States, and endowed by them with all the regular and legal powers to give permission to any person deemed qualified by them in accordance with our laws, to practice medicine in any part of the country. Why then, do these colleges permit their graduates to be treated with contempt by the medical officers

of the general government, without a determined and emphatic protest, which, if made with great unanimity and indorsed by the eminent laymen and jurists who are adherents to our school throughout the land, would soon teach the would-be-aristocrats in the medical ranks of the old schools, that the graduates of both schools are on an equality before the laws of our country, and have equal rights to enter the service of that country.

The supineness of our college authorities in protecting their graduates when competing with those of the old school for recognitions, as applicants for positions in the navy or army, has driven many a student to finish his studies in some allopathic college, in order to obtain a diploma, which should place him on an equality with other competitors.

The old school dreads an influx of homœopathic physicians in the navy or army, for the privileges granted us by state authorities and state laws, have proven too clearly, that when and wherever the two systems are practiced in a fair and honest competition, the superiority of the practice of homœopathy has always been so clearly demonstrated, that the old school had to modify its own practice, in order to preserve the appearance of not lagging too far behind, in the advance which ours has made in the process of curing disease.

But is it just to our graduates, who had placed themselves in good faith under the instruction and protection of the preceptors in our colleges,

that no attempt is made to put them on an equality with all others?

If we do not assert our right, by the most strenuous efforts, the laity may justly conclude that we have none, and young men will be deterred from entering schools, that tacitly acknowledge, that they cannot assure their graduates that they will have the same rights and privileges, secured to their competitors of the old school.

THE CHAMPION OF THE MILWAUKEE TEST.

A pamphlet was lately issued, and a copy sent to us, which dated from Milwaukee, and was evidently written by a physician who prides himself upon the championship of the Milwaukee test.

The author attacks the editor of THE HOMŒOPATH and one of the correspondents of that journal in such discourteous language that we would have refrained from giving it even a

passing notice—for a controversialist who indulges himself in rude personal attacks is best answered by leaving him alone to enjoy his own society—but the editor feels it his duty to say that the assertion made in the pamphlet, that Dr. Pearson's article was copied from the *Hahnemannian*, is not only not true, but the writer of the pamphlet had been informed of the fact that Dr. Pearson sent his "Open Letter" in manuscript to THE HOMŒOPATH, and that the editor was not aware of its having been sent to the *Hahnemannian*, nor had it been seen by the editor until after Dr. Pearson's "Open Letter" was struck off in the columns of THE HOMŒOPATH. The writer knew, therefore, that it was not true when he made his statement. But it matters not. Any one who can use the language employed in that pamphlet may say or do anything without deserving reply or notice.

The bubble called the "Milwaukee test" would have burst at any rate in time, and such championship will certainly hasten the catastrophe.

HOMŒOPATHY ILLUSTRATED.

SIMILIA SIMILIBUS CURANTUR

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrations of our law, hence we ask contributors to send us cases to be introduced in this department. Let it be remembered, however, that each case is introduced into *this column* by the law written above, that facts devoid of "humor" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy, garner up their illustrations and forward them to the editor?

CASE ILLUSTRATING HOMŒOPATHY.

T. C. HUNTER, M.D., Wabash, Ind.

In December, 1871, while living in Silver Creek, N. Y., I was called to see a little miss of ten years, who was suffering with what I diagnosed as

acute laryngitis. As the case was very severe and seemed likely to terminate fatally, I suggested sending for that sterling homœopath, L. M. Kenyon, M.D., of Buffalo, N. Y., which was done. Dr. K. arrived at 11 o'clock P.M. I met him at the depot, and gave him a history of the case, and my inability to do anything more. When we arrived at the house, the doctor sat down in front of the patient and watched it intently a long time, now and then asking a question. He, however, finally said he was ready to retire for consultation. My first question was, "What is your diagnosis?" He replied, "Diphtheria," to which I disagreed. My next was, "What do you propose to give?" He then explained the cause of delay in the examination. He said, that when he first sat down in front of the child he noticed "a wing-like motion of the *alæ nasi*," and thought it was a newly developed symptom, and concluded to watch it awhile. He said the symptom grew rapidly all the time, until he felt sure that it was the key-note to the whole case. I told him I had not seen the symptom at all. He thought it had developed while I was absent at the depot. He proposed to give *Lyc.* ^m. I, at that time, had but little faith in anything above the 30th dil., but as I thought that the child would die anyhow before morning, and knowing the reputation of Dr. K., was ready to consent to anything he might suggest. He accordingly took out of his pocket case a vial, size 615, which was about one-

fourth full of No. 6 pellets, and emptied its contents into a half-goblet of water, while I prepared a similar one with *Sac. Lac.*

He then administered a teaspoonful of the *Lyc.* solution, and directed that a like quantity of the placebo should be administered punctually every two hours; and that no more of the *Lyc.* should be given until ordered. We then retired to my office and examined Jahr and Lippe, to see whether our prescription was the best that could be done. We then found every prominent symptom of the case. I do not now remember them, as I write from memory. About one o'clock A.M., Dr. Landon of Fredonia, who had also been called and had just seen the patient, came into the office. He also did not have much faith in high dilutions. We told him what we had done, and asked him whether he had noticed the symptom above mentioned. He said he had noticed it, but it was not very prominent. He thought it mattered little what was given as the child would probably die before daylight. He also called it diphtheria. I still think they were both wrong in their diagnosis, but I believe *Lyc.* was the remedy, but would have given the 6th or possibly the 30th. About 4 A.M., upon my urgent and repeated solicitation, the doctors agreed to visit the case again with me. We found the child manifestly improving. We also visited it again at 8 A.M., and found her still better. After leaving the house Dr. Kenyon charged me mos-

solemnly, that if I valued the life of the child, I should not repeat the medicine, as long as the improvement continued, but if improvement ceased, I should make a thorough re-examination, then go home to my office and carefully study it over, and give what then seemed indicated. I visited the patient four times a day, for eight days, during which time the Sac. Lac. was given with commendable regularity, when I had the pleasure of dismissing the case entirely well, without having given another dose of medicine.

This case beautifully illustrates several points in homœopathic practice.

1st. The efficacy of high dilutions in desperate cases.

2nd. The propriety of the single dose.

3d. That the latest developed symptom is apt to be the most indicative of the remedy.

4th. That the symptoms are relieved in the reverse order of their development. The latest symptom was the first to leave.

5th. The advantage of letting well enough alone, and not meddling with the case, when it is improving as rapidly as possible.

6th. The little importance of pathology and pathological names, when compared with well marked symptomatology.

7th. Last, but not least, the importance of employing a thoroughly reliable homœopathic physician whenever it is possible.

It is hardly necessary to say, that

both Dr. Landon and myself were fully convinced of the efficacy of high dilutions, or, that we both laid in a supply as soon as possible.

HOMŒOPATHY IN CHRONIC DISEASE.

G. T., *act.* 52, cabdriver, came under treatment on the 29th of August, 1877, with following history: Five years before, two "lumps" had appeared, one on each side of the left knee; these were very painful, and in a short time burst, forming two ulcers, which gradually increased in size, the joint at the same time enlarging and becoming stiff, any attempt at walking giving severe pain. After twelve months' treatment by an allopath, the ulcers healed up; the joint, however, still remained stiff and painful. In about eighteen months ulcers again formed on the knee, and became rapidly worse. Was treated by several allopaths, and finally entered one of the principal hospitals of the town, but received no benefit. He was then informed that the only thing left was to amputate the limb; he refused to submit to the operation, was removed home, never leaving his bed, and never expecting to leave it alive. As a last resource his wife came to the Liverpool Dispensary. He was visited and found in the following condition: The anterior and lateral aspects of the knee-joint were occupied by an ulcer, which extended about two inches above and three inches below the edges of the patella; at the sides, the ulcer extended almost to the edges of the posterior aspect of the joint. The ulcer had a very foul, gangrenous appearance, being ragged, the edges bluish and excavated. The surface was covered by unhealthy, spongy granulations, easily

bleeding, and exuding a thin, semi-purulent, and very offensive sanious matter. The joint was much enlarged and stiff, any attempt to flex the leg being attended by severe pain. The patient complained of constant pain, especially severe at night; was much emaciated, and expressed himself as being quite weary of life. A carbolic lotion was ordered (one part in 30) as a disinfectant, and *Arsen.-A.* 6 given internally three times a day. In the course of a fortnight the ulcer assumed a more favorable appearance, and the severe pains were slightly relieved. *Silicea* 12 was then given twice a day. In the course of a few weeks a healthy action was set up, the granulations were much reduced in size, the discharge became more purulent, the edges lost their ragged outline, and showed a disposition to heal. This healthy action continued uninterruptedly; the patient's general health was much improved, and he began to gain flesh. In the course of three months he was able to leave his bed during the day, sitting with the leg laid up on a chair. Soon after this, contrary to orders, he began to walk about from one room to the other. The newly formed edges of the ulcer broke down, and it became almost its original size. He was sent back to bed, and ordered to keep the leg perfectly at rest. The *Silicea* was continued for a time, and then followed by a short course of *Sulphur*. *Graphites* was then given with very good effect. The knee had now assumed the following appearance. Over the patella was an ulcer the size of a half-crown, round this were three or four small ones; the enlargement of the joint had almost entirely disappeared, there was no pain, but an occasional itching round the ulcers, and the patient could bend the joint slightly. His general health was very good, he having gained a great deal of flesh.

Phosphorus was given for the indication "small ulcers round a larger one." The effect was remarkable. All the ulcers very rapidly healed, the new skin became healthy-looking and firm, and the man is now walking about, is perfectly well, and looks the picture of health and strength; he is able to bend the knee without the slightest pain or stiffness, and the joint is its natural size. I should have said that the carbolic lotion was discontinued when the gangrenous tendency of the ulcer disappeared, and a simple water dressing was substituted. The various remedies were given in different dilutions, varying from 6th to the 30th—that is to say, when a medicine seemed to lose its effect, a higher attenuation of the same was employed, and nearly always with good result.—*Dr. Bowen in Homœopathic World.*

CORRESPONDENCE.

THE MILWAUKEE CONTROVERSIES.

Editor of the HOMŒOPATH,

DEAR SIR: It appears the Academy has had another convulsion. It seems that Sam'l Potter, M.D., is competing with Dr. Sherman for the championship of *Modern Homœopathy* of the Northwest, with a good prospect of success. Not being content with publishing his famous paper in the June number of the *Hahnemannian*, he has now sent out another circular than which, a more inexcusable and outrageous attack on homœopathy was never made by Hooker, Peters, Simpson or Renouard. In fact, it is their argument revived, and in almost their precise words, an old story poorly told. From it we get a glimpse of the vaunted fairness of these Solons. Hear him. "The 'open letter' of Dr. Pearson,

clipped from the *Hahnemannian Monthly* by the HOMŒOPATH, without acknowledgment." Honest Iago! How does he know this? Just in the same way he knows there is no medical virtue in the 30th potency. Does he *guess* at it? The letter in the HOMŒOPATH was not copied from the *Hahnemannian*, and was probably not seen in that journal by the editors until after they had gone to press. Being desirous of having it reach a greater number of readers than would be likely to see it in one journal alone, I sent a copy, though not literally the same, to both. If anyone enquire why I did so, this is my answer, "Not that I loved custom less; but that I loved homœopathy more."

So much then, for *this* statement; his others in regard to the HOMŒOPATH, the editors can, no doubt, take care of themselves, provided, they consider the game worth the ammunition. For my own part I am greatly disposed to think there is far more attention paid to these efforts than their merits deserve, they should in reality have been treated with silent contempt, and I have no disposition to defend my "open letter" against their attacks, any further than that it is a fair exposition of homœopathy. Around this I describe a circle, let a desecrated foot but cross its limit "and I will hurl upon him the curse of Rome."

He says, "The maiden name which Dr. Pearson is anxious should be adopted by the members of the Academy is one which every truly scientific physician will welcome." Thank you for accepting it. But I fear there is no such good luck, you are evidently not disposed to go without a death struggle to drag homœopathy and even Hahnemann along, witness our would-be reformer. "Hahnemann, by words and deeds, distinctly repudiated the very heart of the high potency delu-

sion. By words when he commanded his followers to stop at the 30th, saying, 'the thing cannot go on to infinity.' By acts, in the use he made of drugs in his practice, rarely giving the 30th, *never going beyond it* and in the main, keeping to low attenuations during his entire life." Now these assertions, besides being a slander on Hahnemann and Homœopathy, are false. This self-appointed critic in his zeal, has evidently devoted more time to reading Dudgeon's lectures or Stuart Mill, than he has to the study of the *Organon*; and thereby exposes his ignorance of the subject he pretends to talk about. In 1829 Hahnemann did write to Dr. Schreter that he could not approve of his dynamizing medicines higher than the 30th, but advised that all remedies be carried that high, not because there could be no curative action in the potencies above the 30th, but that we might have a standard by which all homœopaths might be governed. Four years later, however, he wrote, "The higher the dilutions of a medicine are carried in the process of developing its power, the more rapidly, and with the more penetrating influence does it appear to effect medicinally the vital power, and produce changes in the economy with an energy but little diminished, even if the process of dilution be carried to a great extent; for instance, instead of the ordinary dilution 30th, which is mostly sufficient, it be carried up to the 60th, 150th, 300th and even higher." (*Organon* § 287, note 2d). Has our Milwaukee friend read this? But Hahnemann continues further: "I say the smallest dose since it will stand good as a homœopathic rule of cure refutable by no experience whatever, that the best dose of the rightly selected medicine is ever the smallest, and in one of the higher

developments (30th) for chronic as well as acute diseases, a truth which is the invaluable property of pure homœopathy, and which so long as allopathy (and what is a little short of it, the practice of the new mongrel sect, consisting in a combination of allopathy and homœopathy) continues to gnaw like a cancer upon the vitals of diseased beings, and to destroy them with large doses of medicine, will separate these pretended arts by an immeasurable gulf from homœopathy (*Organon* § 246, note.)" Who will say Hahnemann was not a prophet as well as physician, and did not dictate this language to the Milwaukee Academy? But again, "all experience teaches us, that scarcely any homœopathic medicine can be prepared in too minute a dose to produce perceptible benefit in a disease to which it is adapted."

The reason of this is very plain, and expressed by him in the following words: "There is no patient, however robust his constitution may be, who, if attacked merely by a chronic disease, or by what is called a local malady, does not speedily experience a favorable change in the suffering parts, after having taken the appropriate homœopathic remedy in the smallest dose possible. In short, the effects of this substance will make a greater impression upon him than they would upon a healthy child twenty-four hours after its birth. How insignificant and ridiculous is mere theoretic incredulity, when opposed to the infallible evidence of facts."—(*Organon* § 281.) This passage shows the difference between the susceptibility of system in health and disease, and the relative worthlessness of the proposed "test." But why quote the entire *Organon*. "Every page of which, where the dose is referred to at all, the thirtieth or higher potencies al-

ways take the precedence, and like all other high potency men, the older Hahnemann became, and the more experience he had with these preparations the higher he was disposed to go, as evinced in his cure of the washer-woman in 1815 with one drop of tincture of Bryonia, but afterwards writes: "According to the most recent developments of our new system, the ingestion of a single minute globule, moistened with the decillionth (30th) potential developments would have been quite adequate to effect an equally rapid and complete recovery,

so that the drop of the pure juice given by me in the above case to a robust person should not be imitated."

—(*Lesser Writings*, page 771.)

In 1832, in writing to Dr. Graf von Korsakoff, who had carried medicines up to the 1500th potency, Hahnemann says: "All this is in strict accordance with my own experiments, though I have not carried them so far; one of them I may only allude to, namely, that once having prepared a dynamized attenuation of Sulphur up to the 90th. I administered a drop of it on sugar to an aged lady who was subject to epileptic fits, within an hour afterwards she had an epileptic fit, and since then she has remained quite free from them." He gives von Korsakoff great praise for his experiments in "rendering such service to our art," and adds: "Our opponents in view of these experiments can do nothing more than they have hitherto done, they wore the same sceptical smile when I, some thirty and odd years ago, pointed out the efficacy of the millionth part of a grain of Belladonna in scarlet fever, they can now also do nothing more when they read of the dematerialization of Sulphur up to the thousandth potency, that it still displays a powerful medicinal action on the human body. Their Bœotian smiling,

however, will not stay the eagle-flight of the new beneficent healing art, and in the meantime they remain as they deserve to do, deprived of its blessings."—(Lesser Writings, page 764.) Were he alive to-day, these would be his remarks to the Milwaukee testers. In 1833, he was willing to risk his own life on the 30th, and cured himself of a dangerous attack with the 30th of Coffea, and in 1843, eleven years afterwards, he reported cases to Dr. Von Boenninghausen, cured with the 60th potency. And yet this Milwaukee gentleman has the audacity to tell us he "rarely gave the 30th, never went beyond it, and kept to low attenuations during his entire life." What can the true followers of Hahnemann expect from such reckless unscrupulousness.

He says to me that my verdict on myself is "that I am either a fool or a rascal, and that the 'Academy' conclude I am not the latter." After reading his language above quoted he will pardon me if I am less generous with him. My remarks in reference to myself will apply with equal force to Hahnemann, or to any other high potency physician who would refuse to encourage this "test," and of course this appellation to all who use the 30th or upwards. Here we get the true inwardness of the motive that prompted these men to propose this test; they are like the juror who went home before the trial was half over, but left his verdict with a friend; they assume there is no virtue in highly potentized medicines, and denounce as fools those who use them for not making the discovery. Satisfy yourselves, we are willing to be called fools if *you* are sensible men. Dr. Potter says: "Whatever Dr. Pearson and the editor of the HOMŒOPATH may think of the advantages (?) to be derived from the proposed test, it will be carried out to the bitter end."

Omitting any impression induced by you or the test, Dr. Pearson and the editor of the HOMŒOPATH believe the name of Hahnemann and his homœopathy will live centuries after you and your test are forgotten, and—

"Moths deform in shapeless tatters,
Your unknown pages."

The implements you make use of to destroy the only true system of medicine vouchsafed to the world, are the same as those used in the days of Hahnemann and wielded by every egotistical self-constituted arbiter ever since.

Twenty-four years ago Dr. Simpson wrote:

SIMPSON.

"The waters of the collected oceans of the earth are computed to cover an area of about 147,800,000 square miles, and, supposing their mean depth to be two miles, their cubic contents would be nearly 300,000,000 cubic miles. But an ocean many, many, many millions of times larger would be required to dissolve one grain down to the 30th dilution.

* * * *

Lord Bacon himself, however, the wisest of men, confessed that he did not entirely discredit the efficacy of this sympathetic weapon salve or the healing power of charm and amulets. Persons of high repute and station bore, half a century ago, the highest testimony to the truths of Perkins' metallic tractors, as some of the same are ready to do at the present day to the truths of homœopathy.

* * * *

Small-pox and measles are two diseases which are similar to each other. Indeed, the similarity between them is so great that the two diseases were long looked upon and described by physicians as varieties of one and the same affection.

A *single* trial and report would carry no weight of evidence, because there would be one chance in two of guessing right. Yours truly,

LEWIS SHERMAN, M.D.

THE INSTITUTE OF HOMŒOPATHY.

THIRTY-SIXTH ANNUAL MEETING.

The American Institute of Homœopathy commenced its thirty-sixth anniversary at the Fort William Henry Hotel, Lake George, June 24th. There were upward of four hundred delegates and members present. The President, Prof. Conrad Wesselhoeft, of Boston University, in his opening address referred particularly to the Yellow Fever Commission, appointed by the Institute to examine and report on the causes and treatment of yellow fever. This commission visited New Orleans and other Southern cities upon the decline of the fever, and very thoroughly investigated the matter with special reference to the results of treatment by the different medical schools. These results, according to the report of the commission, are largely in favor of the homœopathic treatment. The report of this commission has been submitted to Congress. The President also enjoined upon the members of the Institute the largest liberty of opinion, and approved a plan of homœopathic work in place of a creed, "in order to avoid all sectarian and exclusive spirit."

The General Secretary, R. J. McClatchey, M.D., of Philadelphia, who has been Secretary during the past nine years, tendered his resignation, to take effect in January next. Re-

ports were received from the Bureaus of Surgery, Anatomy, and Physiology, Psychological Medicine and the Yellow Fever Commission. On Wednesday the Institute made an excursion on Lake George, at the invitation of the New York State Homœopathic Medical Society.

Dr. T. S. Verdi, of Washington, a member of the National Board of Health, called the attention of the Institute to the important work of the Board, and asked the co-operation of the members. Reports were received from the Bureau of Psychological Medicine, including one from the Superintendent of the Homœopathic Asylum for the insane, at Middletown, N. Y. A series of very valuable papers was presented by the Bureau of General Sanitary Science, Climatology and Hygiene, including essays on home and hospital heating, draining, and ventilating, and diagrams were exhibited showing the plans adopted by the new Homœopathic Hospital at Cleveland, Ohio.

Thursday was devoted to the reading of papers on Obstetrics and cognate subjects; at 12 o'clock officers for the ensuing year were elected. T. P. Wilson, M.D., Cincinnati, O., was the choice for President, J. Burgher, M.D., Pittsburgh, Sec'y, and E. M. Kellogg of New York, Treas. Milwaukee was selected for next annual meeting.

The banquet was served at 4 o'clock, and the usual hop occurred during the evening.

Friday concluded the interesting event; a number of reports were offered by the Bureau of Ophthalmology, Otology and Laryngology. Many of the delegates remained after adjournment, enjoying the attractions for which this spot is notable.

PUBLISHERS' DEPARTMENT.

We regret the necessity of encumbering our journal with a personal explanation, but a libellous advertisement having recently appeared in the columns of a contemporary, while worthy only of contempt, demands this readily offered and decided contradiction.

Dr. Duncan :

RESPECTED SIR :—Our attention has been called to an advertisement in a recent issue of your publication, wherein Dr. Kaetel, of Maysville, Wis., claims to have paid us money and to have not received certain goods ordered. Since the gentleman is fully informed upon the circumstances connected with this matter, we are compelled to believe that the intent of his advertisement is to do us injury, and we regret that you did not make yourself acquainted with his intent before giving the note place in your columns.

About one year ago Dr. K. sent to Mr. W. A. Chatterton, of Chicago, \$3 in payment of *AMERICAN HOMŒOPATH*, one year, and *London World*, one year (see his advertisement in June and previous numbers of our journal); the order was transferred to A. L. Chatterton & Co., and the portion so intended immediately forwarded to the Homœopathic Pub. Co., London, by them acknowledged and receipted for; the *AMERICAN HOMŒOPATHS* were regularly delivered. Here our connection with the matter naturally ends; a portion of the *Worlds* were forwarded by mail to Dr. K., balance were included in a box of books consigned to our house; unfortunately an error was made by the *shippers* in the billing of the goods; they were seized and retained by the custom authorities. Having now nearly completed the form of routine necessary, we are in daily expectation of the delivery of package containing balance of Dr. K.'s journals. We would further add, Dr. K. was ad-

vised of the unexpected complication soon as we were ourselves informed.

We regret to trespass so greatly upon your valuable space, but feel assured that an unintentional injury having been done us, you will willingly accord us the favor of a correction.

A. L. CHATTERTON PUB. CO.

A copy of above letter appearing in *Medical Counselor* will prefix —
“The following letter has been addressed to Dr. Duncan, and the explanatory statements are known to us to be an exact relation of the circumstances as they occurred, with the addition that we offered to return Dr. K. the money if he was not disposed to await delivery of journals.

W. A. CHATTERTON,

972 W. Madison St., Chicago.

It is an exceedingly gratifying task, to acknowledge the exceptionally prompt and rapid manner in which renewals of expiring subscriptions have been showered upon us; and there could be no more satisfactory instigation for renewed effort to please our honorable patrons. Not less agreeable, too, has been the privilege of entering many new names. For any who have delayed we would respectfully urge *immediate* attention particularly for the reason that we cannot always supply back numbers. The large accession to our subscription list during the early portion of this year exhausted our January and February issues and compelled us to disappoint many of our old patrons who delayed renewal till spring months.

Influenced by numerous solicitations we have concluded for the better convenience of our readers, in the future to furnish one Index each year, same to accompany the December issue of the journal. A very exhaustive compilation will then be offered, specifying in addition to title of articles, each remedy used and each disease treated.

THE BEST THREE TONICS OF THE PHARMACOPŒIA:

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We call the attention of the Profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron**. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessert-spoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

PURE COD-LIVER OIL,

Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

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Elixir Valerianate of Ammonia. Each tea-spoonful contains two grains Valerianate Ammonia.

Elixir Valerianate of Ammonia and Quinine. Each tea-spoonful contains two grains Valerianate Ammonia and one grain Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

Elixir Taraxacum Comp. Each dessert-spoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth, and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

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Cod-Liver Oil, with Iodine, Phosphorus, and Bromine. This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each table-spoonful.

Cod-Liver Oil, with Lacto-Phosphate of Lime.

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THE
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CATHETERISM IN DIFFICULT CASES.

BY

F. G. OEHME, M. D., STATEN ISLAND, N. Y.

In the following article we have reference only to those cases, where the obstacle is in the prostatic or membranous portion of the urethra.

Nothing is more mortifying to a physician and depressing to the patient, than fruitless trials to introduce the catheter into the bladder of a male. That the operation is something exceedingly difficult, is admitted by all surgeons, in corroboration of which, we will quote Helmuth :

“Those who have often essayed the operation are fully aware of the difficulty that attends its performance, and those who are seldom

“called upon are often, after repeated and unsuccessful trial, obliged to abandon the task, or hand the case over to more experienced manipulators.

“There is scarcely an operation which requires more dexterity and knowledge, more gentleness and steadiness than the simple procedure of the introduction of the catheter, or as it is technically termed catheterism.

“A bungler may, it is true, often pass an instrument through a healthy urethra and reach the bladder, while on the other hand, experienced

"and renowned surgeons are frequently foiled in the attempt. I very well recollect, while I was student, waiting in the amphitheatre of the old Pennsylvania hospital for over an hour, while two gentlemen of acknowledged surgical ability were endeavoring to relieve a patient of a bladder full of urine. I have heard the illustrious Muetter state to his ever attentive class that the most important operation which the general practitioner was called upon to perform was undoubtedly catheterism."

The professor of surgery at Leipzig, Saxony, 29 years ago, told a student not to despair or lose patience, if, occasionally, it took two or more hours of careful manipulation to introduce the catheter. Therefore, if we can give counsel, whereby the operation might be made very easy, *when difficult*, perhaps it will be welcome to some.

The text-books give ample instruction concerning the *mode* of introducing the catheter, but have overlooked the fact, that the *patient's position, of itself*, may be the cause of a successful or unsuccessful operation.

Helmuth says on this point :

"In introducing the catheter, the patient may be placed in the horizontal or in the upright position, the former being that generally preferred. The head should rest upon a pillow, and the thighs be slightly bent upon the abdomen.

Erichsen makes the following remarks :

"It is a question whether the patient should be placed in the erect or recumbent position, when the catheter is introduced for the relief of urinary retention. I certainly think that the recumbent is not only the easiest position, in which to introduce the instrument, but the safest, as in old and feeble subjects the sudden withdrawal of the urine may induce syncope, which occurring in the erect position might prove fatal."

It is evident from these quotations, that neither appreciate, that just *only one* of these positions may make all the difference between an easy and difficult or impossible introduction.

About ten years since, I was called to a gentleman of over sixty years, who was in great distress to urinate, but could not pass one drop. After giving, ineffectually, several remedies, I tried to introduce the catheter while he lay on his back, but did not succeed. After repeated fruitless attempts, I called in consultation a Boston homœopathic physician, an excellent old surgeon, who happened to be visiting in the vicinity. He succeeded no better than myself and declared the case a spasmodic stricture. We manipulated unsuccessfully at intervals for almost four hours, using various catheters. At last we happily thought to try the operation with the patient standing and behold ! the catheter went in almost of itself. I was obliged to use the instrument for some weeks after, several times a day, and while it passed in remarkably easy

standing, it was utterly impossible to introduce it while on his back. I took the hint for all future.

Since then I have had frequent occasion to use the catheter with men over fifty. As soon as I find that it will not pass in easily with the patient on his back, I have him stand up, and the difficulty is at once overcome. I tell the patient to support himself with his elbows on the mantelshelf, or on a high bureau, and have him stand *leaning considerably forward*. Should he be too weak for standing, or this position not make the operation easy, I would lay him, *face down*, on two chairs, one under the chest, the other under the thighs. In some cases lying on either side may be preferable.

The patient bears the introduction well while standing, and if necessary, could be easily supported by one or two persons, to avoid falling.

In diseases of the prostata and prostatic and membranous portion of the urethra, we would introduce the catheter in the *standing* posture also, if not accomplished *easily* in the horizontal, before making a diagnosis.

Why should the *upright* position make this difference?

In all the cases, in my experience, where it has been very difficult or impossible to introduce the catheter in the *recumbent* position, there has been present, partial or entire paralysis of the bladder; consequently the latter was overfull, and probably, more or less so for some time before the incapability to urinate occurred. The

bladder, in consequence of this unnatural expansion and unusual weight, may sag down while the patient lies on his back, and produce in the urethra a state approaching to a kink, which causes the difficulty or impossibility of the introduction of the catheter, which obstacle disappears in the standing posture.

Some time ago a man of about fifty years complained of frequent dribbling of urine. He said he passed, many times a day, a rather moderate quantity of water, but soon after it would dribble again. I percuted his bladder and found it very full; of this condition, however, he had no sensation. I told him that his bladder was paralyzed, *constantly* full, and the sphincter too weak to prevent the water from flowing out. As he doubted the diagnosis, I proposed the application of the catheter after he should pass all the urine he could. I tried for a while to introduce the instrument while lying on his back, but did not succeed. I then told him to stand up and lean well forward, supporting himself with his elbows on the mantelpiece. In this position the catheter passed in *remarkably easy*, and drew off over a quart of urine, to his great astonishment, as he had not the slightest feeling of fulness.

DIARRHŒA.

Mrs. P., for some weeks past had diarrhœa *immediately after every meal, with constant thirst*. Arsenicum album c m stopped it gradually but entirely, in five doses of one globule each at intervals of three hours.—*Thomas Skinner, M. D.*

ANALYSIS OF SYMPTOMS OF THE STOMACH.

BY

W. EGGERT, M. D., INDIANAPOLIS, IND.

It is a common understanding amongst those who are not thoroughly versed in the homœopathic materia medica, that too many remedies have one and the same symptom in common, and hence, that there is no possibility of applying remedies with any degree of certainty according to the teachings of homœopathy. We intend to show the error of such assertions, and will differentiate a number of symptoms pertaining to the stomach, hoping the student will derive a benefit from our endeavor, since our repertories, if not defective, are certainly wanting of practical arrangement.

Empty, weak, sinking feeling at the stomach.

—— after eating. Sanguinaria.

—— with hunger. Calc. c., Cina. Gratiola. Laurocer. *Lycopod.* Natr. c. Natr. m.

—— and gnawing. Natr. m. Almost constant, and faintishness. Cimicifuga. and in the Abdomen. Sepia.

—— but without hunger, especially from 10 A. M. until evening. Muriat. acid.

—— as if she had been fasting too long, but not relieved by eating. Carb. an. *Ignatia.*

At 11 A. M. is compelled to eat. Sulph. Ceasing after supper. Sepia. Compelling one to eat. Oxalic acid. Emaciation, loss of appetite; phthis-

is: Hydrast. Extending through the whole chest. *Lobelia.* From anxiety, grief, night watching, fasting; with fetid breath and dry tongue. Baptisia.

From nursing. Carb. an. *Ignatia.* Oleander. Sepia.

In the morning, with lassitude and debility. Crocus rat.

Painful. Sepia. Trillium.

Relieved by eating. Alum.

With eructation. Kali c.

—— faint, feverish feeling, Sanguin.

—— nausea. Merc. prot.

—— trembling. Calc. c. Cimicifuga.

—— violent, long continued palpitation of the heart. Hydrast.

Worse from eating. Hydrast.

Empty, weak, sinking feeling, especially at the pit of the stomach: Carb. an. after eating, especially after breakfast. Digitalis.

From suckling the child. Carb. an.

Painful. Sepia.

With any kind of dropsy. Apocyn. can.

—— pale face, sighing, sobbing. Ignatia.

Feeling of hunger:

After eating. Aloe. Argt. m. Bovista. Graph. Paris qua. Phytol. Staphy.

—— with feeling of emptiness :
(See empty feeling.)

—— gnawing. Alum. Argt. nitr.
Bovista. Cina. Lycopod. Natr. m.
Phos. Secal. cor. Stram.

—— fever. Dulc.

—— stool, immediately. Petrol.

And desire to eat, without knowing
what. Magn. m. Puls.

—— constantly, with only mo-
mentary relief, must always soon eat
again. *Anacardium*.

—— and desire to eat every few
hours. Iod.

—— nausea at the same time.
Ignat.

—— in the morning. Cyclam.

—— into fulness in the chest.
Cyclam.

—— want of appetite alternately.
Iod. at night Phos. Psorin.

—— on waking. *Lycopod*. Phos.
carb. between the paroxysms of vom-
iting. Verat. alb. but cannot get
down the food. Silic.

—— the appetite vanishes on see-
ing food, the abdomen feels full ; the
beginning to eat caused aversion to it.
Sulph. During a chill. Eupat. per-
fol. Phos. except in the evening ;
can't get enough. Stan. great.
Psorin.

—— and appetite. *Sulph*.

—— but relishes nothing. Merc.
v. in the evening, preventingsleep. Ig-
nat. somewhat relieved by eating, dis-
tressing her even in bed ; palpitation
and anxiety about the heart. *Phos* :
to fainting, about 11 A. M. every day.
Sulph. with aversion to food, especi-
ally bread and coffee. *Nux. v*.

—— loud croaking in the abdo-
men. Argt. m.

—— or before ague, or after
quinine. Eupat. perfol.

Without appetite. Coccul. Dulc. *Gra-
tiola*. Psorin.

Gnawing pain in the stomach. Lith-
ium c. Lycopod. Nitr. acid. Phos.

—— cutting. Ignat.

—— to the ravenous hunger.
Puls.

—— pricking ; pruritus of the
stomach. *Ruta*.

—— relieved by eating. Cheli-
don. Natr. c.

—— but returns in a few hours ;
cancer of the stomach. Lach.

—— with hunger. Alum. Argt.
with Bovista. Cina. Lycopod. Natr.
m. Phos. *Puls* : Secal. cor. Stram.

—— but no desire for food.
Puls.

THE BROMIDE ERUPTION.

Dr. Barlow is of the opinion that very
young children are more likely to pre-
sent bromide eruption than adults.
He mentions a case of an infant, in
which three grains of *Bromide of Po-
tassium* given three times a day pro-
duced it. He has also observed the
appearance of the eruption after the
stoppage of the drug in a young
woman with hysterical laryngismus.
In that case also the peculiar villous
appearance of the spots on the neck
was presented at the seats of friction.

DISEASES OF THE UTERUS.

BY

C. P. HART, M. D., WYOMING, O.

There, are, perhaps, no more common affections among American women, and certainly none that contribute more to break down their health, and render their lives unhappy and even burdensome, than those above-mentioned diseases.

Without entering here into the causes, near and remote, which are more or less responsible for the prevalence of these conditions, I propose to offer a few practical observations with reference to their homœopathic treatment. I say *Homœopathic*, because it must be confessed, that the usual treatment, even that of our own school, is anything but homœopathic.

Most of our practitioners depend, almost entirely, upon local applications in these affections, as any one may readily satisfy himself by questioning the unhappy sufferers. Now, that local measures are often of great benefit in certain cases of the kind, and may sometimes even be indispensably necessary—for example, in cases complicated with mal-position of the uterus—I am very willing to admit; but that they are required for the successful treatment of the great majority of these cases, which, as is well known, are not thus complicated, I most emphatically deny.

The characteristic symptoms usually met with in these cases are: Frequently recurring pain on the top or back of the head, of a dull, aching character, sometimes occurring only

once a month, generally at the menstrual period, but they are usually very persistent, and so completely unnerve the patient, as to render her miserable for days together. She suffers generally from sacral and lumbar pains, aggravated by menstrual congestion, by fatigue, by sudden movements, or by mental emotions, and associated with more or less tenderness; aching pains in the inguinal or internal iliac region, which sometimes extend to the hip and side of the pelvis, and are most frequent in the left side; pain in the course of the sciatic, obturator, or anterior crural nerves, simulating neuralgia; hysteria, with its manifold semeiology, muscular weakness, especially in the back and lower extremities; palpitation of the heart; irregular distribution of the blood, the hands and feet being frequently cold, and remaining so for many hours at a time, while the top of the head is hot or uncomfortably warm; all of which is accompanied by more or less moral or mental derangement; the patient being in many cases fretful, despondent, suspicious, whimsical, and unsteady in her purpose. These symptoms, though quite characteristic, are seldom present in any considerable number in the same case. In conjunction with one or more of these symptoms, we generally find that the menses are too frequent and too profuse, though sometimes the contrary is the case; that there is a whitish or yellowish leucorrhœal discharge; and if a speculum examination is made, the cervix uteri is found more or less

swollen, inflamed, and, in most cases, ulcerated. If the inflammation involves, as it frequently does, the lining membrane of the cervix or fundus, a yellowish or whitish discharge will also escape from the os, especially on pressure. Several other symptoms sometimes occur, such as constipation, burning in the urethra, with frequent desire to urinate, hæmorrhoids, pain in the stomach and bowels, etc., but the above are by far the most constant and characteristic.

Now, I have often seen this formidable array of symptoms gradually disappear under the judicious and discriminative use of such remedies as *Arsenicum*, *Calcarea carb.*, *Carbo veg.*, *Creosote*, *Lycopodium*, *Murex purp.*, *Sepia*, etc. The following are the indications on which I chiefly rely, keeping in view the other points of resemblance above given.

Arsenicum.—Great weakness; coldness of the extremities; unbearable nervous pains, especially when they appear periodically; premature and profuse menses; acrid and corroding, or thick and yellow leucorrhœa.

Calcarea carb. — Scrofulous constitution; red and weak eyes; catamenia too early and too copious; white, milky-looking or yellowish leucorrhœa, flowing at intervals, and worse before the menses; great muscular weakness, with excessive irritability of the nervous system.

Carbo veg.—Great physical depression, with attacks of sudden weakness; peevish, impatient disposition; falling out of the hair; menses appear too soon; thick, yellowish, sometimes bloody leucorrhœa; aching on top of the head and in the occiput; deficient capillary circulation.

Creosotum.—Menses too early, too profuse, and too long continued; acute pains remaining after the catamenia; whitish or yellowish leu-

corrhœa, sometimes mixed with blood; frequent sacral and lumbar pains resembling labor pains, worse at night and at the menstrual period.

Lycopodium.—Cephalalgia in the top and back of the head; blue margins around the eyes, which are red and weak; menses too scanty, or else too early and too profuse; profuse milky or bloody leucorrhœa; ulceration of the cervix; pale, pinched expression of the face; patient troubled by rush of blood to the head, buzzing in the ears, and chronic catarrhs.

Murex purp.—Pain in the loins, hips and thighs; great weakness of the lower limbs; palpitation of the heart; soreness and pain in the uterus; bloody leucorrhœa; too frequent and too profuse menses; frequent desire to urinate; acute pain in the occiput; hebetude of mind.

Sepia.—Cerebral congestion, with painful beating in the occiput; late and scanty, or too early and too profuse menses; burning and itching of the pudendum; heat and soreness in the region of the uterus; bearing down after exercise; pain and stiffness in the back; yellowish leucorrhœa.

I will add, that I never use these remedies under the thirtieth attenuation, nor oftener than once a day. I have found it to be a good rule to give the remedy only during the first and third weeks, using *saccharum lactis* during the second and fourth, unless, as sometimes occurs, the symptoms call for such additional remedies as *Belladonna*, *China*, *Pulsatilla*, etc., which I am then in the habit of giving on the alternate weeks, in place of the *saccharum lactis*. Moderate exercise in the open air is to be encouraged, and even light housework may be permitted; but such work as washing, ironing, sweeping, and running the sewing machine should be strictly forbidden.

CHOLERA INFANTUM.

BY

GEO. LEE M. D., FREMONT, O.

I have read with interest Dr. Blumenthal's paper upon this subject in the July number of this journal. But the perusal leaves me in "an unsettled state of mind." Is it a fact that *Gnaphalium*, *Diosc. v.*, *Veratrum vir.* and *Xanthox. frax.* in oft-repeated doses are more efficacious than the half dozen old reliable remedies which many of us have faith in, because we successfully use them in high potencies and rarely repeated doses? I depend upon high potencies in this disease, and seldom lose my little patient. My regimenial management is very simple.

Case: A rather delicate child, one year of age, backward in teething, idol of the family. Found him vomiting and purging violently, the discharges from the bowels being profuse, watery, and preceded by pain; those from his stomach being succeeded by great weakness and pallor; drank greedily large draughts of water or milk, which were soon ejected. Countenance anxious—pallid. I gave him a powder of *Ver. alb. 2 c.*, dry, and told the parents to give no water or drink of any kind for half an hour, and then but a teaspoonful of water.

If retained, they might in another half hour give a teaspoonful of milk, and should this be retained, they might give these fluids in alternate doses of a teaspoonful at intervals of half an hour for six hours, when a second powder of *Ver. alb. 2 c.*, might be given. But I enjoined them to keep up the same method of supplying drink and nourishment for at least twelve hours. The child made a prompt recovery, and required no further treatment.

It is very important in a case like this to limit the supply of drink and nourishment in the manner above indicated. I believe that the usefulness of many a judicious prescription is destroyed by lack of attention to this particular. The restriction is not a pleasing one to parents and nurses, whose sympathy urges them to accede to the little sufferer's impatient demands. But if the prescription has been accurate, the craving gradually diminishes, and what appeared to be cruelty is recognized as the truest kindness.

[Was this a genuine case of cholera infantum or a case of cholera morbus? —ED.]

RETROVERSION, DYSMENORRHŒA, GALL-STONES, ETC. ;

CHELIDONIUM, ETC., ETC.

BY

E. M. HALE, M. D., CHICAGO.

The following peculiar case of biliary calculi appears to me worthy of record :

A woman, about forty years of age, when she first came under my care, was suffering from the following complication of troubles :

(1). *Retroversion of the uterus* to an extreme degree, with areolar hyperplasia of the whole organ, especially the cervix. It was so tender and sensitive that the slightest touch or any attempt to replace it was followed by chills, vomiting and violent pain in the epigastric region.

(2). *The menses* came on every three weeks, and were exceedingly painful, cramping, spasmodic—the pains and spasms sometimes leaving the uterus and going to the stomach, head or chest (and heart).

(3). *Hepatic colic*, located exactly in the region of the gall-bladder, lasting twenty-four or forty-eight hours ; the pain excruciating, accompanied with vomiting and retching, but ceasing *suddenly*, leaving her in a condition of great prostration.

These attacks nearly always came on a few days *before* or *after* the menstrual period—a few times intermediate.

(4). *Headache*—a species of hemi-

crania, which resembled “sick headache.”—and appeared before or after the menses, in the place of the hepatic colic, *i. e.*, when the colic was present the headache was deferred.

In addition to these special troubles, the general condition of the woman was wretched in the extreme. She was bedridden except a few days in the middle of the month, and then a little over-exertion would bring on some attack of suffering.

She had been under the care of an old medical practitioner of our school (I am sorry to say), who had treated her with the high potencies for three years, or since the above suffering began, and during all this time had never instituted a vaginal or uterine examination, but prescribed for symptoms, *symptoms, symptoms!*

Treatment—The *retroverted uterus* was with great difficulty replaced, and a Jackson's supporter placed so as to slightly antevert it. This gave her great relief, removed the obstinate constipation and violent dysuria, allowed her to sit up without bringing on violent uterine pains and general suffering.

Cotton balls saturated with glycerine, medicated with *Polymnia* (3 i to ʒ i) were ordered to be placed against the

cervix uteri, changed morning and evening. Internally, for this uterine enlargement she received Polymnia 1x—and Baryta iod. 3x. This treatment relieved the tenderness and reduced the size of the uterus. The *dysmenorrhœa* and *menorrhagia* was removed in two months by the use of *Gelseminum* and *Viburnum*, taken in alternation a few days before and during the pain and flow.

The *Headaches* were relieved by *Atropine* 3x, *Iris* 3x, and *Spigelia* 6th.

After I had removed all the other symptoms and conditions, I was surprised to find that the hepatic colic, which I supposed to be due to reflex irritation, still persisted with great severity. Visiting her during one of the attacks I observed that the conjunctiva was jaundiced, and that the urine was loaded with bile. The stools were pale, and clay colored.

Believing that I had to deal with biliary calculi, Olive oil was given—an ounce every hour till eight ounces were given. Also ten drops of tincture of Chelidonium every hour. The

next morning along with copious bilious stools appeared several calculi the size of small beans. The *Chelid.* was continued three times a day—alternated with *Hydrastis Sulph.* 1x tinct. three times a day. Under this treatment she rapidly regained strength, appetite and health. She had two slight attacks of hepatic colic after the one referred to, during which she got the Olive oil as before. She also took a tablespoonful every night. *Three months* after she came under my care she was cured of the grave conditions under which I found her.

Perhaps I ought to have followed the practice of my predecessor, but as I could not conscientiously do so, I have doubtless cured her, in defiance of the laws laid down by a certain branch of our school. But if I have brought myself under the ban of so-called (falsely) Hahnemannians, I have the satisfaction of knowing that I have the gratitude of a long suffering woman, and the praise and admiration of her friends.

PHLEGMONOUS ERYSIPELAS OF THE FACE.

BY

D. M. HODGE, M.D., DANBURY, CONN.

Dr. McDougall's article in the July number of the HOMŒOPATH on the above subject, suggests a little experience of my own which confirms his theory. I have never found it necessary to go beyond Apis and Sulphur in

this disease. The following case illustrates the action of these remedies.

Miss L. D., age about 23, of full round *physique*, dark hair, florid complexion, usually a picture of the perfection of good health, came under

my care in the winter of 1877—8. At my first call, I found her in bed, her face intensely swollen and a livid red in color. The eyes were nearly closed by the swelling. The patient complained of the intense, intolerable burning and throbbing, was unable to sleep, though drowsy and at times delirious. The pulse was 116, temperature, of course high and there was considerable thirst. She felt a constant stinging in the face and believed it was blistering. Gave Apis 3 every hour, with a dose of Sulphur 6 in the evening. The next day found her sitting up, contrary to my advice;

and improved in every way. Gave the Apis once in three hours, Sulphur as before. The third day the swelling was hardly perceptible and the patient declared that she felt well. This patient had had similar attacks milder in form, before. Exposure to a cold, damp atmosphere sufficed to bring on an attack. After recovery from this one, I gave her Apis 100 for a week every night, followed by Sulphur 100 for the same length of time. She has never had another attack, though careless about exposing herself to the weather. I have never known this treatment to fail in similar cases.

“CLINICAL TESTS.”

BY

GEO. M. OCKFORD, M.D., BURLINGTON, VT.

The last session of the American Institute, at Lake George, demonstrated the fact that we have among us a strong party of “low-dilutionists,” who are disposed to throw overboard all clinical tests and to rely wholly upon the microscope as a means of determining the efficacy of drug preparations. The claim has been advanced that matter and force being inseparable, and that as the microscope cannot find, beyond a certain limit, any trace of the original drug, it must follow, that beyond that limit there can be no medicinal power or force. There must be appreciable doses to act upon the human organism. This materialistic drug doctrine

is further augmented by the statement that only material portions of the body are to be acted upon, and that, consequently, only material portions of drugs are capable of acting. We do not deny these propositions, but we submit that to those who have used the higher potencies, the doctrine of an ultimate preparation, being prescribed by the narrow limits of microscopic investigation, seems to fall short of the real truth; I do not claim to be a “high dilutionist,” my practice having been among a highly malarious district for seven years, it rather tended towards inculcating a strong materialistic belief. Still I used and still use remedies of all

grades, from the crude up among the higher thousandths, and I have undoubtedly seen results following the administration of what purported to be the 54m, the 55m, the 76m, and the 100m. But leaving these out, I wish to illustrate the result in a few cases where the 200th was the potency used.

a. A child, aged eight months, had for three months what was diagnosed as "marasmus." Had been under allopathic and homœopathic treatment without benefit, and when I first saw the patient, she was literally "skin and bones." Emaciation was very marked, but I could not detect any enlargement of the mesenteric glands. The discharges from the bowels were composed of blackish mucus, were frequent and debilitating. The child was very restless and wakeful, but with all a morbid hunger was present. The mother was apparently healthy, but upon inquiry I learned that in her younger days she had suffered with goitre. I gave Iodine 200, and after the first dose improvement was visible. Following it, the child had a good night's rest, and the convalescence was rapid. No other remedy was given, and this only for two days, a dose once in four hours.

b. A man of nervous temperament, about 45 years of age was subject to attacks of pain of a sharp neuralgic character, shooting from about the left internal abdominal ring to the back of the testes, evidently following the spermatic cord. The attacks

came suddenly, were very severe and came frequently, lasting for a number of hours. During one of these attacks, *Sarsaparilla* 200 was administered with almost instantaneous relief. Several powders of the same were given to be taken in future attacks, but for three years thereafter there was no occasion for their use. Since then I have lost track of the patient, so cannot say whether he ever had another attack.

c. A man of nervo-bilious temperament, was subject to headaches, involving mainly the right side of the head—*Sepia* 200 always relieved this and lengthened the time between the attacks. Lower attenuations, viz.: the 1st, 3d, 6th, and 30th of the same drug had no effect. Unaffected by medicine the headache would always last until bedtime, usually making its appearance in the forenoon and increasing as the day advanced. Relief followed the administration of the 200th potency always within forty-five minutes after taking it, but the lower preparations had no effect whatever.

These examples might be added to, but let this suffice. Can anyone claim that these were not cures? The improvement in each case was so prompt and marked that it left no room for doubt in the mind of either physician or patients. The remedies used were Dunham's 200th, prepared by him whom we all loved and no one doubted, and hence, I do not think any one will doubt their reliability. Some high potencies are prepared in such

a manner that a reasonable doubt may exist as to their being what they seem, and although I have used some of them with good effect, I do not report them, feeling that they may not be what their labels would indicate. We are convinced that drug power exists in dilutions and triturations in which the microscope or human ingenuity is powerless to detect a particle of ponderable material. When the germ theory of disease was promulgated a few years since the poor bacteria were brought forward as being the cause of all diseases, but later research has disproven this theory, and the bacteria are now considered as being a result, coming in at nature's funeral over decaying matter. The contagious character of some diseases points to the

endless divisibility of matter, assuming that matter and force are inseparable. A small material portion affected is capable of spreading contagion indefinitely, and how much matter exists in this force? It is sufficient to aberrate and even destroy the vital force, and yet the finest tests of microscopic investigation have failed to discover it—can we not draw lessons from analogy and apply them to drug forces and material?

Let us not be too hasty in casting aside the "clinical test," and placing our reliance wholly on that of the microscope, but consider all the evidence, and examine the subject in a careful and scientific manner, striving only for the survival of the fittest, and the amelioration of human suffering.

DEAFNESS CURED BY THE POLITZER INFLATION AND APPROPRIATE REMEDIES.

BY

ROBERT T. COOPER, M.D., T.C.D.

W. Brown, a manager in a business house, aged thirty-one came to me on 15th March, 1879, suffering from deafness, which had been coming on gradually for two months, but which had inconvenienced him more especially, and increasingly so, the two previous weeks.

The patient is light-haired, of a catarrhal disposition, and is subject to accumulation of phlegm in the

throat, as well as to slight constipation.

The tympanic membranes look fairly natural.

Hearing distance—R., $5\frac{1}{2}$ -30ths; L., 3-30ths. After inflation considerable improvement—R., 12-30ths; L., 17-30ths. *Hydrastis Canadensis* 1-3rd drop doses three times a day.

March 19th.—Slight improvement:

R., 8-30ths; L., 4-30ths. After inflation—R., 20-30ths; L., 18-30ths.

Hydrastis, as before, in drop doses.

March 27th.—Was much better after the inflation, but has gone back again: L., 4-30ths; R., 5-30ths. Inflation is again performed, and with considerable improvement.

Soda Chlorata 1-3rd drop doses three times a day.

April 9th.—Called to thank me for the recovery of his hearing; watch and voice hearing perfect.

Any explanation that may be required as to the above case will be found in my treatise upon the Diseases of the Ear. I have only to remark that to the *Soda Chlorata*, and not to the inflation simply, is due the permanence in the improvement to the hearing powers. The inflation of the tubes had a decidedly beneficial, but a transitory influence. *Soda Chlorata* has a very powerful influence upon deafness arising from causes purely catarrhal, the indication for it being—a constant accumulation of phlegm in the throat, and, *ergo*, in all probability in the middle ear, and Eustachian tube, the ventilating canal of the ear.—*Homœopathic World*.

HOW TO CHOOSE A DOCTOR.

The *Detroit Lancet* gives the following rules for choosing a doctor. They are worth pondering by every doctor and patient:

Avoid a mean man, for you may be sure he will be a mean doctor, just as certain as he would make a mean husband.

Avoid a dishonest man; he will not be honest with you as your physician.

Shun the doctor that you can buy to help you out of a scrape—a good doctor cannot be bought.

Avoid the untidy, coarse, blundering fellow, for the man who is clumsy in hitching his horse you may be sure is not handy at midwifery or surgery.

Avoid the doctor who flatters you and humors your appetites.

Avoid the empty blow-horn who boasts of his numerous cases and tells you of seeing forty or fifty patients a day, while he spends two hours to convince you of the fact. Put him down as a fool.

To be a good doctor, one must first be a man in the true sense of the word.

He should be a moral man, honest in his dealings.

He must have good sense or he cannot be a good doctor.

He should be strictly temperate. No one should trust his life in the hands of an intemperate doctor.

It is a good sign if he tells you how to keep well.

It is a good sign if the members of his own family respect him.

It is a good sign if the children like him.

It is a good sign if he is neat and handy in making pills and folding powders.

It is a good sign if he is still a student, and keeps posted in all the latest improvements known to the profession for alleviating human suffering.

SCHUYLER COUNTY HOMŒOPATHIC
MEDICAL SOCIETY.

Annual meeting of this Homœopathic Medical Society held at the office of Dr. Wm. Gulick, in Watkins,

N. Y. Tuesday, July 8th, 1879, was called to order by the President, Dr. E. W. Rogers.

Members present: Drs. Rogers, Gulick, Hollett, Tracy, Knight, Willis and Adriance. Honorary member, Rev. C. W. Brooks.—Students, E. C. King and M. H. Card.

Officers were elected for the ensuing year: President, A. P. Hollett, M. D.; Vice-President, G. A. Tracy, M. D.; Secretary and Treasurer, F. W. Adriance, M. D. Censors, Drs. Rogers, Gulick, Dean, Stobbs and Tracy.

After the reading of various reports and the transaction of business the annual address was read by President E. W. Rogers. At its close, the Society extended a vote of thanks to Dr. Rogers, for his able and practical address, and directed the Secretary to have it published. Then adjourned to meet in Watkins, on the second Tuesday in October, 1879.

F. W. ADRIANCE, Sec'y.

[The address of Dr. E. W. Rogers, was really admirable both for its advice and style. We would have gladly published it had it not been sent to us in print from a secular paper. We never republish except from Medical Journals with credit to them; and only when we deem the republication of interest or instructive to our reader.]—ED.

MATE, OR BRAZILIAN TEA.

This table luxury is a recent importation in the United States, but its valuable properties are rapidly introducing it to the notice of hospitals and members of the medical faculty, as a stimulant and restorative for the nervous, aged, and debilitated, which can be taken at any hour without exciting the nerves, either cerebral or peripheral, producing neither wakefulness nor depression, affording nourishment

in case of hunger or great fatigue, sustaining the forces during summer heats, and this without fatiguing the stomach. It is the exclusive beverage of the peoples of South America below the 18th or 20th parallel of latitude, and is recommended by such authorities as Dr. Schnepf of Bonnes, Dr. Lankaster of Kensington, London, Prof. Thomas, N. Y., Dr. Caminhoa of Rio de Janeiro, to the attention of those who study the question of food for mankind with philosophical views. It is made like tea by infusion in boiling water for five or six minutes, and strained through muslin, flavored according to taste like tea with milk and sugar, and preferred by many to tea or coffee.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, COR. 3RD AVENUE AND 23RD STREET.—Report for the month ending June 30, 1879.—Number of prescriptions, 3,314; number of new patients, 380; number of patients resident in the hospital, 31; average daily attendance, 133; largest daily attendance, 203.

J. H. BUFFUM, M.D.,
Resident Surgeon.

RICHMOND, VA., July 1, '79.
Ed. of HOMŒOPATH:

DEAR SIR—Please put a notice in your journal of the good locations for homœopathic physicians in this State. They are Lynchburg, 17,000; Danville, 10,000; Staunton, 7,000; Charlottesville, 6,000; Winchester, 5,000; Fredericksburg, 5,000; Lexington, 6,000. Lynchburg and Staunton are especially good, both have had homœopathic physicians; the one in Staunton died last April, and left a nice growing practice. People are very friendly and homœopathy is growing. We want some *good active workers*, to organize a State Society, and be hereafter represented at the meetings of the institute.

Yours, fraternally,
A. R. BARRETT, M.D.

THE
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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless endorsed in our editorials.

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EDITORIAL.

THE PHYSICIAN AS A SANITARIAN.

The student of medicine after he has received his diploma, feels that he is invested with the rights and title of a guardian of health.

The state, through the agency of his alma mater, has given him the right to administer remedies, to perform operations or do any act, necessary to combat disease or alleviate the suffering of his fellow beings. To him who has studied his profession, to be used as a trade merely, whereby to make a living, these duties and privileges seem all that is required of him, and if by his studious habits and indefatigable labor, he attains eminence and great skill in the discharge of these

duties, he may often congratulate himself and be congratulated by his friends on account of the position he has made for himself.

But the true physician, he who has chosen his profession from loftier motives than merely the prospect of making it the means of procuring a living or obtaining wealth, feels that he owes another and superior obligation to his fellow men, than that of curing them when suffering from disease. It is his duty, as far as it is in his power to guard them against the attacks of the destroyer.

He is not only to quench the fire, after it has broken out, and repair the damages it may cause to the building, but see that the premises are kept in such a condition, that the destructive elements can do no harm.

It is his duty, particularly in his capacity as a family physician, to so instruct and fortify those who look to him for medical advice, that they may understand and clearly see all the sources from whence disease threatens them, and become fully imbued with the importance, removing all obstacles and avoiding all causes, which he as a scientific and medical man must certainly understand to be inimical to life and health.

He is to be the sanitarian as well as the healer of disease to all who look to him for instruction in medical matters.

And there is no denying, that the true conscientious sanitarian outranks the mere routine physician, and is a greater blessing to mankind.

In his capacity as sanitarian it behooves him to instruct the people as regards the condition of their houses and surroundings; their diet, and dress. City and country alike are culpably negligent in respect to the dwellings and surroundings occupied by the people. Three-fourths of the houses in the city from Murray Hill to the filthiest tenements, in the lower wards, are more or less dangerously deficient in the plumbing or sewage. Only habit reconciles the inmates and makes them to a degree unconscious of the mephetic odors that pervade the rooms when closed even for a short period. A large portion of the houses in the country are so situated and constructed that the air breathed in them engenders malaria one half of the year, and the water they drink is poisoned to a certain degree from various sources. Hence the proverbial sickness of the present generation, counteracted chiefly only by the very happy inclination of the people of this country to lead an outdoor life.

It is our duty, therefore, as physicians to point out the baneful effect of such culpable disregard of the deficiencies in our habitations, and to reiterate our counsel while it is need-

ed. Neither are we excusable for neglecting to show our friends the absurdities and dangerous results, of the injurious effects, produced by the dress which fashion dictates, and the diet which depraved appetite urges them to indulge in. The thousands that are daily sacrificed by their ignorance and thoughtlessness may justly be claimed natural results of the apathy or thoughtlessness of medical men who have not discharged their duty as watchmen on the towers of the citadel of health.

DESIRABLE LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.

We have been requested to inform physicians looking for desirable locations, that Raleigh, North Carolina, with a population of twelve thousand, and Wilmington in the same State, with a population of twenty thousand, offer great inducements to any physician of our school who wishes to locate in the South. Any one desiring more particular information on the subject, by addressing A. R. Barrett, M. D., Richmond, Va., can learn all he desires to know, concerning the inducements held out there.

THERAPEUTIC NOTES AND SELECTIONS.

THE DIAGNOSIS OF ADHESION OF THE PERICARDIUM.

In an article in the *Berliner Klinische Wochenschrift*, Dr. L. Reiss calls attention to a comparatively

rare, and, as he believes, hitherto undescribed sign of adhesion of the pericardium; viz., the production of a metallic resonance of the heart's sounds (and of murmurs in disease of the valves) in the stomach. Commenting on three cases, he remarks

that the inconstancy of the phenomenon does not militate against the explanation he gives of it; viz., that it arises from the close approximation of the heart and stomach in consequence of the pericardial adhesion. He observes that the first sound of the heart or a systolic murmur may have a metallic resonance, while the diastolic sound does not manifest this character. Constancy of the sign is not to be expected; and one or more examinations may fail to detect it, although other symptoms of adhesion of the pericardium are present. When met, however, it is a valuable aid in the diagnosis. Of course, the resonance produced by cavities in the lungs, and by pneumothorax or pneumopericardium, must be excluded.

EUCALYPTUS FOR A COLD IN THE HEAD.

Prof. Strambio says that, notwithstanding the failure of all the remedies hitherto recommended for the immediate cure of a cold, he wishes to communicate to the profession the great success he has found attending a new one in his own person, and to ask them to test its efficacy. He found prolonged mastication and swallowing of a dried leaf or two of the *Eucalyptus Globulus* almost immediately liberated him from all the effects of a severe cold.—*Gaz. Med. Ital. Lombard.*

CORYZA.

Rudolpho Rudolphi recommends the use of eucalyptus globulus for the rapid cure of acute coryza, or cold in the head. He has found, by numerous trials on himself and patients, that after chewing a few of the dried leaves and slowly swallowing the saliva, the affection is promptly re-

lieved, often disappearing in the course of half an hour. The remedy is useful in acute cases only.—*Ib.*

RAPID AND CERTAIN TREATMENT OF SIMPLE HICCOUGH.

Dr. Grelletty once saw a mother full of affection for her children, give them a morsel of sugar dipped in table vinegar whenever immoderate or too rapid repletion of the stomach, or any other cause, had induced hiccough. The latter ceased as if by magic. Since then the Vichy physician has very frequently employed this means of his own account, and has never found it without avail.—*Ib.*

CONDITION OF THE TONGUE VALUABLE IN THE DIAGNOSIS OF GASTRIC DISORDERS.

Dr. Wilson Fox gives, as valuable aids in the diagnosis of gastric disorders, the following conditions of the tongue:

1st. Dyspepsia, with distinct atony of the stomach. The tongue broad, pale, and flabby, the papillæ generally enlarged, more especially at the tip and edges.

2d. Dyspepsia from irritative causes. The tongue is redder than usual, often of a bright, florid color, or even raw-looking. It is often pointed at the tip, which, together with the sides, presents an extreme degree of injection, the papillæ standing out as vivid red points. This form is often associated with aphthæ, and is most common in scrofulous children and phthisical adults.

3d. Dyspepsia from excessive or hurried eating is apt to present a tongue uniformly covered through the greater part of its surface with a thick fur, whitish or brownish, with some degree of enlargement and redness of the papillæ at the tip and edges.

4th. Neuroses of the stomach display a tongue which, as a rule, is clean, though often pale, broad, and flabby. —*Lancet*.

A FORERUNNER OF DEATH.

Dr. Chiappelli says that he has frequently noticed in patients who were apparently very far from death an extraordinary opening of the eyelids, so as to give the eyes an appearance of

protruding from the orbits, which was invariably a sign that death would occur within twenty-four hours. In some cases only one eye is wide open, while the other remains normal; here death will not follow quite so rapidly, but in about a week or so. It is easy to observe this phenomenon when the eyes are wide open; but when the eyes are half shut and only opened from time to time, it will be found advisable to fix the patient's attention upon some point or light so as to make him open his eyes, when the phenomenon will be seen. The author is utterly at a loss to explain this symptom, and ascribes it to some diseased state of the sympathetic nerve. —*British Med. Journal*.

HOMŒOPATHY ILLUSTRATED.

SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor?

70.

BELL. IN CONGESTION OF BRAIN AND INSANITY.

BY

W. M. HAINES, M. D., ELLSWORTH, MAINE.

Mrs. D., æt 27; has for years been subject to severe spells of rush of blood to head, with temporary insanity. Very wild and entirely uncontrollable, except by force at the time. Her father died perfectly insane. She has been subject to profuse blood-letting by allopathic family physician, which would immediately temporarily relieve the congestion, but after a longer or shorter time would return again. She applied to me with face flushed, head hot, and every indication of severe spell coming on, and demanded to be bled for relief, but I persuaded her to try a few

powders first, and prescribed *Bell. 2 x*, which in a very short time removed the congestion and for the first time at such attacks and much to her astonishment she escaped her insane fit.

Since then she invariably takes *Bell.* on the least return of threatening head symptoms, and has entirely escaped her insane spells for several years.

71.

APIS.—HEMORRHOIDS.

BY

W. M. HAINES, M. D., ELLSWORTH, MAINE.

Mrs. L., æt 22, after confinement, suffered severely from hemorrhoids, which protruded slightly externally, very little bleeding; pain very severe and of stinging character and relieved

for short time by applications of cold water. *Apis* 30, removed whole trouble in short time.

72.

RAPID CURE OF ULCERS.

BY

C. H. VIEHE, M. D., FREELANDSVILLE, IND

March 12, 1879, there came to me a man about 40 years of age, with a dozen *ulcers* on hips, thighs and legs; flat, as if skin had been excised, some of them about two inches in diameter, forming scabs. Had been treated allopathically about three months without the least benefit.

Symptoms: *Intense burning itching*, with bad feeling all over, *worse during the night*. He was unable to work.

Medicines: Merc. Sol. 3, Ars. 4, Rhus 3.

March 19. Much improved. Merc. vir. 30 x, Ars. 3 x.

March 29. Merc. Sol. 3x, Rhus tox. 3, and Calendula *Salve*. The ulcers were all healed in about one week, and he went away cured.

TESTS AND TESTS.

BY

W. J. HAWKES, M. D., CHICAGO, ILL.

Much of the space of journals which should have been filled with practical and instructive matter, has been lately occupied with communications from some physicians in Milwaukee. The subjects of these articles have been so thoroughly discussed in the past that were it not for the fact that the writers are evidently honest young seekers after truth, it might be regarded as a useless repetition of contemporaneous history go to over again the ground so recently and often trod. But the evident need of these earnest totterers at the threshold of medical science, and the laudable willingness of the journals to afford them opportunity to proclaim

the same, render it obligatory upon those in the profession who are desirous of spreading the truth among such as are really desirous to learn to take some notice of the matter.

And there might be remarked in passing an ignorance of very vital matters. That they are so recently from college is a severe commentary upon the teachings they have received; a powerful argument against a multiplication of colleges, and in favor of a more thorough general medical education; and especially of a better illustration of the principles of Homœopathy. The fault is not all with the young men. Much of it is to be laid at the doors of their teachers.

It may be an objection to the discussion of this subject that our literature is already profusely interspersed with these very doubts and their answers, and consequently a repetition here would be superfluous. But it must be plain to any one reading their curious writings that at least that portion of our medical literature has not fallen beneath their seeking eyes.

The search for *truth* in any direction, for the benefit of mankind, is the highest object of intellectual effort. And he is a benefactor of the race who in even so small a degree aids the benighted (so to speak) in finding light. In this spirit I would say to these enquirers that in *reading* for light it is well to treat the brain—the intellectual digestive apparatus—in the same manner that they should treat the physiological stomach, etc. If one eats too fast he will eat too much, and will have insufficiently masticated what he has swallowed. In doing this he overtaxes the stomach in two ways. The overtaxed organs do nothing well, result: an irritation of the parts, and a diarrhœa. So with the mental assimilator; if there be imperfect mastication, possibly from decayed

or false intellectual teeth ; or a promiscuous mental cramming, without regard to incompatibles, the result will likely be a mental indigestion, and a diarrhoea of words. I would especially emphasize this latter complaint, as its characteristics are unmistakably present in one of the writers mentioned. It is not to be wondered at, however, in his case, in view of the fact that he has just received his diploma.

I would also earnestly call their attention to the fact that in seeking truth in medical science, as in any other, it is better to go forward than backward. I mention this because I see that their quotations of figures, etc, in regard to the amount of drug substance in the various potencies (which, by the way, should have been duly credited) have been taken from old allopathic periodicals, while it is well known that the *true* science of medicine is to be found in homœopathy and in her literature. And it may not be out of place here to call their attention to the fact that a mistake has been made in copying of one hundred million in one place, and of two hundred and ten million five hundred thousand in another.

I do not wonder at their doubts about the presence of drugs in the middle and higher potencies. All beginners, be they thoughtful or otherwise, do wonder and doubt. It is not surprising, then, that they thus earnestly seek for evidence. All progressive men in the school have. Some have gone forward in their search, others backward. Some have used the best evidence to be had, others the contrary. The writers in question are using the latter. This too, after having discussed the subject of "evidence" at the length of twenty or thirty pages of a medical journal. This is one of the charac-

teristics of the disease previously mentioned, and to be guarded against.

In the same spirit I call their attention during future pursuit of light to the truth that one fact resulting from intelligent experiment is worth more in evidence than a thousand theories or hundreds of columns of figures as against the fact. As we have often told our allopathic enemies when they have presented these long and bewildering columns, to prove that they *can't* see something: "Figure less and experiment more, and you will arrive at more satisfactory conclusions."

Instead of adopting the views of our enemies, and following their unsatisfactory methods in the effort to prove those views correct, it would be better to do as other illustrious and doubting *friends* of the cause have done—*experiment*. Where two modes of demonstrating the truth or otherwise of a proposition are at our command, one of which is theoretical and can but prove a negative, while the other is experimental and may prove a positive, it is foolish to choose the former. This the young men of Milwaukee have done.

There is one bright and shining example in the history of homœopathy which they might imitate with profit, and their imitation of him will not subject them to the charge of over-modesty. I mean the lamented Carrol Dunham. I select but him from among scores of illustrious men, because no one, be he of "high" or "low" degree, can question the high moral character, professional and general, literary acquirements, or the social and professional standing of Dr. Dunham.

He began and continued for years his practice with the lower potencies; *he* read and heard of remarkable results from the use of the higher po-

tencies in the hands of men whose writings, standing in the profession, and general success, would have made it presumptuous in him to doubt their statements. He believed that what they said was true, viz.: That with these remedies, *of some potency*, they had achieved the results claimed; but he thought that they might have been deceived in regard to the real potency of the remedies they were using. He did not do as these earnest young scientists from Milwaukee and allopaths generally have done—begin to figure backward. He proceeded to find the best evidence possible, which is always experimental, and *he made his own potencies*, thereby reducing the possibility of error and removing his remaining doubts of the absolute truth of the statements of the illustrious men who had gone over the ground before him.

I will not quote from his admirable posthumous work—"Homœopathy the Science of Therapeutics"—in which he relates his progress, and the doubts and fears preceding each step, until he arrived at the conclusion that there *was* curative power in the 30th and 200th potencies, and that his practice in even such terrible diseases as croup was more successful and satisfactory after he adopted the 200th potency as his rule than it had ever before been.

If our young friends will carefully read his and similar works, they may get a lesson in modesty as well as in what is good evidence in scientific pursuits.

I would advise these gentlemen to first *learn materia medica*, so that they may be able to fit a remedy to a given case; that is the most important matter, whether they use high or low potencies; then carefully prepare their own remedies; then *try* them,

and *then write* if they ascertain anything *new*.

They have much to say in regard to a certain "scientific test" which they have set up. A few words on modesty might appropriately be said here. All truly intellectually great men are modest. Have our young friends a superabundance of this virtue? I would ask them if it is modest for them, no matter how learned they may be, to set up a "test"—a bar—in their little doubtful corner of the homœopathic world; place upon the judge's bench and in the jury-box a judge and jury of themselves, and call before it to be condemned the great men who have made homœopathy what it is to-day? I have searched books and writings, and I find no book, no pamphlet, no new remedy—not even a "case" instructively reported, no epistle whatever barring the "test," etc.; nor have I read a lecture from the pens of this self-constituted judge and jury, while, on the other hand, all I know of medicine I have learned from the lips or pens of the prisoners at the bar. Surely,

"Judgment, thou hast fled to brutish beasts,
And men have lost their reason!"

or else I have, if this is modesty.

Attention is directed to the respectful words in which they refer to their teachers—"blatant quack," "boasting claimant," "idolaters" by implication, "horse jockey," "knaves," "fools," etc., etc.

If they had tried the disputed potencies in a practical and satisfying manner, as have great men in the profession in the past, then they might have asked for some such "test." But even then it would have been more in accordance with the fitness of things for them to have petitioned the American Institute of Homœopathy to appoint a commission for the purpose of making such a test, or have selected a

number of representative men of both extremes in different parts of the country. The question being one of general importance and scope, if of importance at all, the result then would have been authoritative and have had some weight with the profession.

The object of the "test" was, of course, the general good of homœopathy. But, unfortunately, the profession is not generally aware of the eminent fitness of these self-constituted young judges to so satisfactorily pass upon the question at issue, and forever and all settle this much vexed and important matter, and at the same time decide which of the leading men in the school are fools and which knaves; therefore, their decision, however erudite, will not have the convincing weight it would have had, had they a sufficient length of time previously, announced the fact.

Hahnemann a fanatic! Boeninghausen uneducated! Hering a visionary! I have heard the old man let flow more wisdom in broken English in an hour than can be picked from a volume of some of the trash in the name of science we read in the journals to-day. Guernsey, a knave! Lippe a fool! Dunham, whom to know was to love and respect, a fool and knave?

In regard to the fairness of the "test" itself, the therapeutic part of it is eminently just, provided it be conducted, as heretofore indicated, by representative men. I would suggest, however, as an amendment, that a similar test be applied to those who are so anxious for this one and for truth! viz: that all those who do not believe in the 30th and higher potencies, but who do believe in the lower, shall be compelled by the same "test", to ascer-

tain which one of ten vials has been medicated with the 6th potency, the other nine to be medicated with alcohol; and every one so believing and refusing to make the experiment shall ever after be regarded by "honest seekers after truth," as a fool or knave, or both, at "true seekers" option. Furthermore, unless "all or nearly all," so "testing" shall at each trial select the one of ten vials medicated with the 6th potency, then it shall be regarded as proof that there is no curative power in the 6th potency: and all physicians who shall prescribe such potencies for the sick, or who shall profess faith in such as having curative power, shall be anathema; and all good physicians will ever after prescribe only the mother tincture.

I will then agree to as often select the vial medicated with the 30th or 300th, as any of these gentlemen can select that medicated with the 6th or even one or two numbers lower. Moreover, I will agree to donate to some Homœopathic charity one hundred dollars, for each time I may be less successful than he, and he to do the same as often as he shall be the least successful.

They have accused those whom they have otherwise maligned of cowardice, because they did not see fit to notice that which they regarded as almost contemptible. If they have as much faith in what their figures and microscope *can't* show them as I have in that which my practical experiment *has shown* me, here is their opportunity.

In conclusion I must say that I for one am glad that this question has assumed this shape. For I *know* the value of the higher potencies, and sincerely pity the physician, (and his patients,) who does not. And I stand

ready to give practical demonstration of my faith by accepting such a test

when it shall have come under the management of representative men.

BOOK NOTICES.

POTT'S DISEASE.—ITS PATHOLOGICAL AND MECHANICAL TREATMENT, WITH REMARKS ON ROTARY LATERAL CURVATURE. BY NEWTON M. SHAFFER, M. D., SURGEON TO THE NEW YORK ORTHOPÆDIC DISPENSARY. G. P. PUTNAM'S SONS, NEW YORK.

This is a monograph in which the author examines the pathology of Pott's Disease, and gives the treatment best applicable, as he considers it to be from his standpoint; and illustrated by eight cases treated by himself. It is a very interesting little work, and evinces in every page that the author is not only a close student and logical thinker, but has applied himself devotedly to his subject by clinical experience and extensive reading. The book will be appreciated by every physician who has had occasion to examine cases of spinal disease, but most welcome to such as have not the time to read the more voluminous writings published on the subject.

HAND-BOOK OF PRACTICAL MIDWIFERY, INCLUDING HOMŒOPATHIC TREATMENT OF THE DISORDERS OF PREGNANCY. BY J. H. MARSDEN, A. M., M. D. BOERICKE & TAFEL, NEW YORK.

The author has furnished the profession with a work which is mainly intended for the students of medicine,

and as a hand-book of obstetrics probably useful to the young physician. He has wisely omitted the anatomy of the pelvis, usually preferred to all books on obstetrics. No student of medicine, should be allowed to study obstetrics, until he has mastered the anatomy of the human frame, and if he has, there is no need for teaching him anew. The omission of the pictorial illustration is a more questionable policy.

We should also have liked it better, if the author had more frequently referred to some of the acknowledged authorities of our own school, instead of citing those of the old school almost exclusively. We can proudly point to homœopaths, who have written well and instructively on obstetrics.

The therapeutics are homœopathic, and such as they ought to be. But the mechanical and topical applications are not omitted, for the practice of obstetrics requires, sometimes, mechanical as well as dynamic treatment.

We recommend the book to all students of medicine, as peculiarly adapted to teach them obstetrics from a homœopathic standpoint, and to physicians as the best compendium to refresh their memory, and as an excellent guide to the *homœopathic*

therapeutics of obstetrics, *very* often neglected by many of our older practitioners.

HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGINAL DISCHARGES. W. EGGERT, M. D.—BOERICKE & TAFEL, PHILA.

This is a book of 543 pp., well bound and printed. The subject matter is well arranged and easy of reference. One fails to get an adequate idea of the scope and practical value of this work from its title. To the Gynæcologist this volume of the Symptomatology of Uterine Diseases will prove especially useful whether he, in the treatment of diseases of the female pelvic organs favors local, mechanical or surgical interference, or confines himself strictly to the internal administration of drugs in all cases. As individual cases differ, so must the treatment be varied to suit the exigencies of each case, but as it regards the application of drugs to uterine diseases this book will prove itself to be invaluable. He who studies the book carefully will be more and more convinced of its merits. The author states that it is his private repertory with gleanings from all attainable reliable sources, with verifications from his own experience during a period of twenty-five years. "The aim of the work is to make female symptomatology more easy of access, and to impart if possible to our practitioners more and more confidence in the power of our remedies to control female disorders."

The work consists of eight parts, each bearing relation to the other, and combined forms an harmonious whole.

Part I. treats of menstruation and dysmenorrhœa, with especial reference to the quantity and time of the men-

strual discharge, its character, and the concomitant symptoms.

Part II. treats of menorrhagia, the quantity, time and character of the discharge, with concomitants.

Part III. treats of amenorrhœa, its causes, remedies, and concomitants.

Part IV. treats of abortions and miscarriages, in relation to their causes, remedies, time of occurrence, with concomitant symptoms.

Part V. treats of metrorrhagia, the quantity and quality of the discharge, with concomitants.

Part VI. treats of fluor albus, the character of the discharge, and the concomitants.

Part VII. treats of the lochia, the character of the discharge, and the concomitants.

Part VIII. treats of general concomitants. Under this head are placed the symptoms which relate to the mind and disposition, symptoms which are referred to the head externally and internally, to the eyes, ears, nose, mouth, throat, larynx, chest, heart, stomach, abdomen, rectum, urinary organs, sexual organs, extremities, skin, sleep, fever, with time and conditions of aggravation and amelioration constitutional peculiarities, debility, emaciation and pain.

The author has collected nearly all the well known characteristic symptoms of our best proven drugs. In searching for some characteristic symptom which may lead to the selection of the remedy which will prove curative in the chronic diseases of the pelvic organs, the gynæcologist feels that there can not be too many symptoms in a book of this kind, provided they be characteristic.

We cannot agree with the author that it is "ignorance of our *materia medica*, which leads practitioners to other modes and manners of treatment." The author "looks with

skepticism upon all assertions that such and such remedies failed to cure, when seemingly indicated, and that homœopathy had been a failure, after a faithful trial." That the failure to cure may have been the result of ignorance in many cases we admit, but may not have been due necessarily to ignorance of the *materia medica*.

A knowledge of anatomy, physiology, surgery, and the mechanism of the female pelvic organs may induce a physician to resort to "other modes and measures of treatment," and, by so doing, relieve in a few moments the existing condition, with its whole train of concomitant symptoms; whereas, if he had trusted to the action of the best selected remedy in the hands of the most learned Professor of *Materia Medica* months would have elapsed before a cure would have followed, if cure resulted at all. Illustrations of this fact might be multiplied. While we are firm in our belief in the efficacy of drugs applied to uterine diseases on the homœopathic principle we may not ignore the use of mechanical, local, or surgical treatment, judiciously applied, to cases which, from the organic lesions or mechanical deviations from the normal standard, may be more quickly and permanently relieved by these procedures than by drug action alone.

In many cases mechanical treatment and drug action should go hand in hand, and it is just here that the failure to cure female diseases may be due, not to ignorance of *materia medica*, but to the ignorance or thoughtlessness of the practitioner in neglecting to call to his aid all known methods of investigation, and, by the knowledge thus gained, becoming able to decide which method of treatment will best promote a cure in each case. In referring to other modes and man-

ners of treatment, we trust that the author means the selection of drugs contrary to the law of similars.

Anatomy, physiology, chemistry, microscopy, hygiene, and therapeutics must all be considered in the treatment of uterine affections. To the impartial seeker after means whereby to affect a cure in cases of disease of the female pelvic organs we heartily recommend this book. As an aid to the selection of a remedy when therapeutic agents are required it is unequalled in our homœopathic literature. Neither the gynæcologist nor the general practitioner can afford to be without a copy of the *Homœopathic Therapeutics of Uterine and Vaginal discharges*.
MRS. J. G. B.

BOOKS AND PAMPHLETS.

THE AMERICAN JOURNAL OF ELECTROLOGY AND NEUROLOGY. JOHN BUTLER, M.D., EDITOR. BOERICKE AND TAFEL NEW YORK, PUBLISHERS.

We were right glad to see the announcement, that another effort would be made to publish a journal to be devoted to electricity. Several attempts had been made before this in behalf of such an enterprise but all had failed. It certainly could not all have been the result of the culpable apathy displayed by too many physicians on the subject of electricity. We hope in the hands of the enterprising publishers and with such an editor as Dr. Butler, probably one of the best versed men in the profession, on the subject of electrical therapeutics, the journal will prosper, and continue to be a fountain from which instruction and information will flow to all

who wish to understand that branch of our profession.

We hope a long list of subscribers will encourage the publishers and editor, and trust that the hands of the latter will be strengthened by able and willing contributors, who will confine themselves to the subject upon which the journal proposes to enlighten its readers.

HAND-BOOK ON PRACTICAL MIDWIFERY. By J. H. Marsden, A.M., M. D. Boericke & Tafel, New York. Will be reviewed in the August number of this Journal.

DIPHTHERIA, ITS HISTORY, CAUSES, SYMPTOMS, DIAGNOSIS, PATHOLOGY AND TREATMENT. By William Morgan, M.D. The Homœopathic Publishing Co., London.

HEALTH, AND HOW TO PROMOTE IT. By Richard McSherry, M.D. D. Appleton & Co., New York.

LESSONS IN GYNECOLOGY. By William Goodell, A.M., M.D. D. G. Brinton, Philadelphia.

—The Twentieth Annual Announcement of the New York Homœopathic Medical College.

—Thirty-second Annual Announcement of the Hahnemann Medical College of Philadelphia.

—Homœopathic Hospital College, Session 1879-80, Cleveland, Ohio.

—Annual Announcement of Pulte Medical College, Cincinnati, Ohio.

—Announcement of the Medical Department of the University of Pennsylvania, its one hundred and fourteenth session.

—An Address to the Alumni of Hahnemann Medical College Hospital of Chicago, Ill.

CORRESPONDENCE.

M. PINKERTON, M.D.—The 3rd, 12th, 30th, and 200th, are the potencies I prefer. If you have read my article on potencies you will have seen the rule I have laid down for myself, for the selection of a potency in a given case. In treating Cholera Infantum, with the remedies indicated in that article I prefer the 12th and 30th potencies.

But I always use potencies, not mere dilutions. The grape juice I express from any ripe grape which contains much saccharine fluid, I prefer the black Hamburg grape.

M. A. Hawley, M.D., Syracuse. Thanks.

Prof. A. R. Thomas, M.D. You are always welcome.

J. H. Smith, M.D. Your article marked for Sept. number.

F. F. Cassaday, M.D. The best success in the disease mentioned, has been with Gelsemium, Spigelia and Conium mac., more particularly the last mentioned remedy. The 6th and 12th potencies have been mainly used, but with Conium mac. I have in several instances succeeded with the 30th, when the others have failed. The remedy must be persevered in for several weeks and given two to four times a day.

If time permits, sometime during the winter I may comply with your other request.

P. & D.—Your articles, we are satisfied, will be always appreciated.

W. Gallager, M.D.—We are sorry that we cannot please you. But as

an impartial journalist, we give every one a hearing as long as the composition is written in a courteous style. Although our own bias is in favor of true homœopathy, we do not and will not refuse space to those who differ from us in opinion. The rule by which we are guided, you will find on our editorial page, heading the column.

T. Shabelitz, Zurich.—Your wish shall be attended to. We will be glad to hear again from our esteemed colleague, Th. Buckner, M.D.

Th. Bruckner, M.D., Basle.—Your suggestions are correct. We also have learned the value of the warm baths in the diseases, as a matter of course, only as an adjunct, the cure must be performed by the selection of the true homœopathic remedy, chosen according to the individual symptoms.

W. M. Haines, M.D.—Your article is filed for insertion.

Geo. M. Oakford, M.D.—Your article filed for September number.

W. Eggert, M.D.—Your request has been complied with.

W. J. Hawkes, M.D.—Will be happy to receive your practical articles. Thanks.

W. H. Woodyatt, M.D.—Shall be glad to hear from you on that subject.

J. Waters, M.D.—We shall wait till we hear from you again.

Thos. S. Scales, M.D.—We shall expect to hear from you on subject mentioned.

C. M. Conant, M.D.—Let us hear from you again. Such writing is wanted.

D. G. Curtis, M.D.—Let us hear from the copperheads.

C. P. Alling, M.D.—Please write when possible.

J. H. Sherman, M.D.—You are right. We should like to hear, nevertheless, the result of our colleagues' experience, as well in failures as in success. We hear too often of cures and not often enough of failures. The latter are as instructive as the former.

E. N. Jones, M.D.—Let us hear from you soon.

Miss C. E. Goewey, M.D.—Many thanks. You will always be welcome.

PUBLISHERS' DEPARTMENT.

Dr. J. M. Walker, Denver, Col., has associated with himself Dr. Ambrose S. Everett. They will continue the practice of medicine and surgery under the firm of Drs. Walker & Everett.

Dr. A. E. Small, Chicago, has formed a copartnership with Dr. H. M. Small, and will continue the practice in their office, corner Clark and Madison streets.

Dr. A. H. Von Tagen, occupies an office in the same building, where he devotes his time as a consulting and operating surgeon.

THE
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EXTERNAL OTITIS—ITS RESEMBLANCE TO BLEPHARITIS, AND
ITS TREATMENT.

BY

W. H. WOODYATT, M.D., Professor of Diseases of the Eye and Ear, Chicago Homœopathic College.

The lining membrane of the external auditory canal is a continuation of the general integument, and with some slight modifications retains its anatomical characteristics. Its diseases, therefore, are such as we find affecting the skin elsewhere, with the difference in symptoms arising in consequence of peculiar surroundings. The peculiar encasement of the canal, for instance, would distinctly modify an inflammatory process occurring on the surface of its lining. In the inner two-thirds of the one inch, the length of the canal, it is bony, and in the outer third cartilaginous. The lining membrane covering the whole has features peculiar to each part. In the osseous portion, on

the upper posterior wall, there is a narrow triangular strip of cutis extending down to the drumhead, which is a direct continuation from that lining the cartilaginous part. Aside from this, the lining cutis is but one-tenth of a millimetre thick, and closely resembles the tissue marking the boundary between skin and mucous membrane, as in the lips and edges of the eyelids. It is freely supplied with nerves.

In the cartilaginous portion and in its triangular extension the cutis is one millimetre and a half thick. It is supplied with downy hairs, sebaceous glands, ceruminous glands and some fat in the subcutaneous tissue.

Inflammation occurring in one part

or the other would express itself in accordance with these differences of structure.

The ceruminous glands resemble sweat glands in minute histology, form, manner of development, and in microscopic appearance of contents. Now if we compare this anatomy with that of the eyelids we see how close the resemblance is. Both parts are subject to changes from internal or external causes similar to those affecting the common integument, and each may become affected secondarily by invasion of the exanthematous eruptions, of erysipelas, of general eczema, etc.

Or all proliferation may occur in either primarily. Between blepharitis, therefore, and diffuse inflammation of the external auditory canal, we look for a similarity of symptoms and are not disappointed.

The analogy is decidedly marked, and its recognition has led to the use of a therapia perhaps more clearly understood in its relation to the disease as manifested in the lids, and yet markedly effective when applied to the ear.

It would be no difficult matter to take up the different forms of blepharitis and of external otitis in detail, and show how a similar pathological condition underlies the states in each organ. It will answer our present purpose sufficiently to compare two forms—the chronic, dry, scaly blepharitis, with its acute aggravations, frequently called styes, and the chronic diffuse otitis externa, with its acute aggravations, called circumscribed inflammation, or abscesses of the canal. In the chronic form

of this variety of inflammation in each organ we have slight redness and thickening of the integument, accumulation of dried scales at the roots of the hairs, *with much itching*.

In each cell proliferation has occurred primarily in the hair follicle, fatty glandular matter has been secreted, the cavity of the gland has become distended, the simultaneously occurring hyperæmia of the vascular network has led to swelling and perhaps also proliferation of the surrounding tissue, and thus the external evidences have appeared. It is for this condition that Arsenic and Sepia prove themselves so efficient; as they do also for that similar condition of the common integument called acne.

While the above process is going on some exciting influence may give rise to an increased number of proliferating cells and nuclei, which gather in a firm rigid mass, obstructing the venous and lymph circulation, causing great swelling of the parts, but quickly deliquescing into pus.

Accompanying these changes we have, as subjective symptoms, tenderness to touch and constant pain in and around the parts, and the picture of an abscess is complete. It is here that Hepar Sulph. and Mercurius find their sphere of action, and the lance can be used so advantageously.

In the ear this acute condition is often provoked by picking or scratching the canal with pins, pencils and the like, to allay the itching of the diffuse inflammation.

It is idle to advise patients not to scratch, for the disposition is irresistible.

ble; but the occasion for it may be removed by clearing away the scales with warm water and anointing the parts with cosmoline once or twice daily. This measure is necessary to the prompt curing of diffuse inflammation, for it allays one of the chief exciting causes of the disease, and permits the remedy to work steadily in a curative direction. By some the palliative treatment is relied upon exclusively, and I have known it to be continued for months together, when a short use of Arsenic or Sepia has cured the disease in a few weeks.

The other aspects that this disease may present, though not described, will be outlined among the indications of the remedies which follow.

SEPIA.—*A good deal of itching in the weak ear every day. A good deal of itching in the good ear. Violent roaring and an accumulation of purulent white cerumen. A thin pus is flowing out of the ear, with itching.*

Swelling near the orifice of the meatus externus, with stinging pain in the swelling when pressing on the parts next to the anti helix. Pain as of subcutaneous ulceration in the meatus externus when inserting the finger into it. Pain in the ears resembling otalgia in the evening. Continual otalgia in both ears at night.

(The words of the provers are preserved here, but we have almost a perfect picture of a diffuse otitis externa, with an acute aggravation. Its clinical application has verified its usefulness fully. Scratching the canal is often followed by a thin watery, sometimes

colored, sometimes colorless secretion. The breaking down of epithelium is sometimes rapid and extensive, and is marked by a thicker yellowish white or yellowish green discharge, for which Mercurius or Kali Carb. are adapted.)

ARSENIC.—Canal dry, slightly thickened, somewhat reddened, and occupied to a greater or less extent with dry epidermoid scales. Itching quite troublesome. Suited to that form which has its seat primarily in the hair follicle, and has not extended greatly into the surrounding tissue. Its value has been demonstrated over and over again.

ANACARDIUM.—Itching in the ears while a brownish matter is running out at the same time. Meatus feels obstructed and is painful to insertion of finger. *Pain in the ear when shutting the teeth together in chewing.* Pressive tearing and throbbing in the cartilage of the ear and meatus. Violent stitches and lacerations in the external meatus. Lancinating dull pains in the tip of the tragus of the left ear. Tearing in the left ear down the cheek. Drawing pain behind the left ear. Painful traction in the left meatus, shootings in the left meatus at short intervals, and very painful, as if a nerve were put upon the stretch, or like electric shocks. Cramplike pain in the external meatus. Painful traction in the right meatus. Violent tearing along the upper border of the right ear. (As might be inferred from the provings, this remedy has been most useful when the nervous symptoms in and around the ear seemed out of all proportion to the inflammation. When inflammation of the middle ear, not

severe, has been accompanied by swelling, moisture and coating of white scales of the external canal, with intense pain, this remedy has been prompt and efficient in its action.)

SULPHUR.—*Violent itching of the meatus.* Tickling in the ear. Itching and heat of the outer ear. Painful creeping and gnawing in the left meatus. Oozing dampness of the meatus.

KALI CARB.—*Violent itching in the ears. Tickling in the ears.* Discharge of a yellow liquid, cerumen or pus, with previous tearing in the ear. Gargling in the right ear and secretion of a quantity of soft wax. *Redness, heat and violent itching* of the outer ear. Throbbing in the right ear at night. Ulcerative pain in the right outer ear. *Boring and aching in the ears.* Clawing sensation in the left outer ear. Throbbing in the right ear at night when resting upon it.

AGARICUS.—*Itching in and behind the ears.* Itching in the external meatus of the right ear. Itching, with tickling, which induces scratching of the right ear. Itching generally of the left ear, inducing the person to insert the finger into the meatus and rub it. Tearing pain in the meatus of the right ear, caused and increased by cold air. Pain extends to the upper jaw and continues several days.

ZINCUM.—Itching in the left ear. Titillation in the left ear, not relieved by rubbing the part. Itching in the right ear, removed by boring. Otalgia, with tearing stitches and external swelling. Purulent discharge from the left ear day and night. The orifice of the

meatus is hot and swollen, with headache of the left side. Fetid humor from the left ear. *Frequent and continued intensely painful lacerations deep in the right ear, near the tympanum.*

GRAPHITIS.—Meatus red, excoriated, thick, swollen. Gluey, sticky discharge, forming hard crusts. Thin, watery, offensive discharge. Drumheads coated with a white layer not perforated.

Moist eczema behind the ears.

MERCURIUS SAL.—External canal red, swollen, moist. Secretion thick, canary yellow, or green or yellowish green, in color. Tendency to polypoid degeneration. (In this form itching is not likely to be present until the healing process commences.)

For this same variety consult Natrum Mur., Petroleum, Muriatic Acid, Nitric Acid, Causticum. Consult also in general—Bovista, Borax, Spongia, Elaps, Alumina, Cistus Can., Mezereum, Kreosotum, Tellurium.

CONSTIPATION, NAT. MUR.

Constipation of long standing, in a pale, anæmic young lady of twenty-three; only one motion in two or three days. Gave Natrum Muriaticum, 6th trit. Twenty-four six-grain powders, one in water forenoon and afternoon.

This one set of powders quite cured it; there is now daily stool. Also the menses came on a week late (very unusual), and the usual painfulness was absent; they were, also, not so excessive. —Work on *Nat. Mur.*, by J. C. Burnett, M. D. (Glasgow.)

NINTH PARAGRAPH OF THE ORGANON.

IV

W. A. HAWLEY, M.D., Syracuse, N. Y.

To unfold or try to add force to the ninth paragraph of Hahnemann's "*Organon*" seems to me very like trying to add force to the saying, "As ye would that others should do to you, do ye even so to them." Nevertheless, since you have set me this task, I can only give you these thoughts.

Life is the inexplicable mystery. Study and investigate as we will; search with scalpel and retort, with microscope and spectroscope—it forever eludes us. Our study acquaints us with the minutæ of its methods, but never with the thing.

Something there is which is behind all phenomena and is the cause of the phenomena; but what is it?

Human pride is not gratified by the confession, that after all investigations, we know no more of this something than a savage, and so seek to cover ignorance with a name. In order that ignorance may seem as much as possible like wisdom, it takes its name from a foreign, or, better yet, a dead language, and calls it *dynamis*.

Asked to define its name, it says, "vital force," and then defines vital force as life, and brings us back to the point where we started. This is the sum of *science*. We discover orders of sequence, which we term laws, but the *thing, never*. Yet there *is* the thing. Deny its existence we cannot. It is the final cause of causes. By it all our feelings and functions are kept in

harmonious action—the condition we call health. There is something akin to it in all forms of matter, and we know nothing of it apart from matter.

Yet it must be *prior* to all forms of matter, as we know it, for it is the cause of these forms. If all this is true, and it seems incontrovertible, it follows that there can be no disturbance of what we call health without a disturbance of this something—call it dynamis or what we will. That is, all departures from health are, like the forces which maintain health, *dynamic*, since we are agreed on that name.

Right here we find the good and the evil of those wondrous potencies we call drugs. They are medicines, because of their terrible power to modify the life forces. We fail, as it seems to me, to understand that all these substances are as distinctly individual as we are ourselves, and have behind them, each for itself, a something as potent and peculiar as our own vital forces. It is in this peculiar potentiality that lies that which makes us sick, if we take them when well, or which cures us if they are curative. Distinctly individual as they all are, they are all alike in their subtle incomprehensibility. No one of them has ever been seen, and yet we have those among us who are hunting for them with a microscope, and deny their presence in any preparation which does not show in it the crude material. To accept any test

given by the life itself is unscientific. To be sure they are drugs, because of these forces in them which have power to modify the vital forces; but if they are given in such small quantity that the crude material cannot be *seen*, and the vital forces are modified thereby, we are not to believe our senses, but to conclude that the diagnosis was an error. But how if the diagnosis is made by good, old-school doctors of large experience and great learning? At the risk of a seeming digression I am tempted to relate a case. On the fifth day of June, 1873, a gentleman came to me, saying that his boy, about six years old, was very ill with pneumonia, and had been for six days. He had had one of our most learned allopaths to treat him, who from the first declared it to be pneumonia, and, as the case got worse, he had asked for counsel, and a physician, who stands second to none in our city as an allopath, was called in, confirmed the diagnosis, and had given as prognosis his opinion that it had supervened on a tubercular condition, so that there was little probability that the child would recover. Of the child's treatment I could learn nothing, except that the result of the counsel was a determination to give him quinine, with an intent, as the attending physician expressed it, to "lift him out of his feverish condition." The result of the quinine was such a delirium as, added to the prognosis of the counsel, to scare the parents into a determination to change to other methods, and so the father came to me. Visiting the child, I

found him with a high fever, rapid, hard pulse, and breathing thirty-six times a minute. Percussion revealed an almost complete dullness over the entire right lung, while auscultation could only detect bronchial respiration. Cough dry and irritating, with only occasional expectorations of a tough white mucus.

The boy being very slender and rapidly growing, and the affection being on the right side, he was given Phos., which was of the thirtieth potency, and given once in two hours, a few pellets having been dissolved in a tumbler half full of cold water. The next day, to my surprise, I found him dressed and sitting up, and feeling so well that he came to my side for me to examine his chest. The Phos. 30 was continued, once in three hours, with the request that I might hear from him if he did not get on well. The second day following his father called and reported that he still had some cough, and the Phos. 30 was repeated. The next day the boy was brought to my office, and as he still had a little cough and was slightly hoarse, he was dismissed with a single dose of Phos. 80m., which finished the case. There was at no time any considerable expectoration. Now was this a cure or a false diagnosis? Some ten days later, one of the professors in our Medical College was called to see the boy's grandmother, and was asked to examine the child's lungs, without any knowledge of what had been his condition, and he pronounced them entirely sound. I believe it is the uniform testimony of

old school physicians that such a termination of pneumonia is impossible, neither their remedies nor unaided nature being able to produce such a result. But here was the result. The very men who deny its possibility had pronounced the case pneumonia. The vital forces had been changed, and, to doubters, in an incredibly short time. What did it? Let those who deny the efficacy of potentized remedies answer. Can these men, who use only appreciable doses of medicine, report any such cures? It is very noticeable that they *do not*. Is it because they, too, do not report their failures, and so are unable to make any reports? But it is unscientific to rely on such evidence. It is only our external senses that are to be trusted. The responses of the occult forces of life to other forces occult to all our external senses are of no importance to these wondrously wise men

of science. As a friend said to me a few days since, "they seem to have no conception of force except as 'chunks,' and those large enough to be seen with a microscope." Well, let them go on with their search for the unseen. It yet remains, and will remain, that the true relations of disease to health are only to be found in the intangible realm of what we call force, and if there are remedies for disease, the method of their relation to disease can only be found in that same realm. At the same time, this will seem only assertion to those who, blinded by the forms of things, can see nothing beyond the forms. Some propositions are so self-evident that they cannot be proven, and so there is no help for those who deny. Such seems to be the position of those who deny the existence of what we call vital force.

INDICATION FOR LYCOPODIUM.

BY

J. E. WINANS, M.D., Lyons Farms, N. J.

In the July number of the *Homœopath* we notice an indication for Lycopodium (by Dr. Loosvelt) to be "sleep, with partly opened eyelids." Now, while we do not doubt its serviceability where *all* the symptoms correspond to those requiring this remedy, we would call attention to certain others having the *same* characteristic, any one of which *might* be indicated under certain circumstances. They are as follows: Cham., *Helleb.*, *Opium*, Podoph., and

Sulphur, and perhaps others; but noticeably those in italics. We will also give a clinical indication for Lycopodium, learned through painful experience. It occurred in a twin infant of 4 months, whom we had carefully watched through 4 weeks' previous illness, beginning with diarrhœa infantilis, succeeded by basilar meningitis, with threatened hydrocephalic effusion, upon the disappearance of which the bowel troubles again supervened, with

altered symptoms. Bellad. ^{m.} and ^{cm.}, Helleb. N. ²⁵⁰⁰, and Cham. ^{94m.}, met and relieved these conditions in the order named. The patient, considering the severity of the attack, was doing remarkably well until a *cool* change in the weather occurred, which induced what appeared to be an incomplete intermittent, viz., *coldness* of hands, feet and *face* (especially nose), *without* subsequent *heat* or sweat. Only upon the appearance of the second paroxysm, or rather at its termination, the truth was fully disclosed, that we were dealing with

congestive chills (febris algida). Not recognizing the remedy up to this point, lost us our little patient. Under Dulc. ^{m.} the coldness seemed much lessened toward evening, when one dose of Lycop. ^{m.} was given without any leading indication known to us. Here appears the indication, for which we searched "Bell on Diarrhœa" in vain—stool of *green, stringy, odorless mucus*. It proved unavailing at that point; but we have since verified the indication in another case, Cham. having been the remedy immediately *preceding* in each instance.

CHARACTERISTICS OF DISEASE AT THIS PERIOD.

BY

MRS. JULIA HOLMES SMITH, M.D., Chicago, Ill.

Read before the "Illinois Homœopathic Medical Association," May 2d, 1879.

The history of any nation may be divided into periods, each marked by peculiarities in religion, philosophy, political economy and art. The genius of the period is the resultant of forces acting in individuals.

It seems to me disease has followed the same law. Given the status of a nation in civilization, the medical scientist may predicate the types of disease and their complications common among the people, and were all history destroyed, save that in a physician's record, one might sketch the habit of thought and life of a people.

After the struggle which made of us a nation, sweet contentment filled each breast; men and women, counting the gain far overbalancing the loss, settled down to home life and comfort, each as part of the nation, hoping for the na-

tion's weal. What wonder that disease was strictly orthodox in these good old times, consumption, dyspepsia, ascites following the books. The women bore large families and midwifery was more important than gynæcology. Says Fordyce Barker: "In 1777 there can hardly be said to have been any literature on diseases of women. Much of the knowledge of gynæcology which it is evident, from the writings of Ætius and Paulus, belonged to the profession down to the seventh century, finds no place in the medical literature of the eighteenth."

In what may be called the second period of our national history, there existed a spirit of unrest, and desire for greater territory. Hence the settling of new States, the breaking up of new lands, the submission of the emigrant

to great privations, and the old diseases took on new complications. The ague, hydra-headed, faced the physician in nearly every sick-room, and routine practice was of no value. The women, overworked and underfed, aborted oftener than they carried their children to term. Suffering from uterine disease, the result of such abnormal procedure, unable to obtain the medical advice her lame loins and aching back demanded, the mother transmitted to her offspring, with various liver complications, and nervous irritability, due to excess of quinine, a delicacy of organism which held great possibility of suffering.

We of to-day are inheritors of the past period. Our time is characterized by restless ambition, greed of gain. Intense mental activity pervades all classes. To be something better, richer, greater, more influential, absorbs alike the thought of minister of state and hostler, lady of culture and kitchen maid. What follows? All mental activity is the result of motion in nerve cells or molecules. All motion implies force. What wonder if, with inherited weakness of the nervous system, and excessive mental activity, demand sometimes exceeded supply and bankruptcy result?

It was the custom, in the good old times, to refer to the nervous diathesis as peculiar to artists and writers. To-day nervous complications of disease, be it fever, ascites, dyspepsia, or what not, tax the skill and patience of the physician much more than the complaint itself, and this not merely among literary people. Brain-working is far more common among all classes than

a quarter of a century ago, its direction is different, and its product, in its effect upon the physique of our people, disastrous in the extreme. Neurasthenia is characteristic of disease to-day. Says some one: "That is part compensation for our progress and refinement." It needs not a large practice to prove this true. Nine-tenths of the women who seek my aid are victims of neurasthenia.

The matron of leisure and wealth shrinks from the trials of maternity, seeking in society, literature, music or art the wherewithal to satisfy her soul-craving. Nature abused avenges herself; and with uterine disease of some sort is entailed insomnia, dread of being alone, restless irritability, and, by and by, nervous dyspepsia. The local lesion, be it cervicitis, metritis, or what not, may possibly be cured; but "Oh, doctor, I am too nervous to live," is the refrain poured into the physician's ear.

Bridget, a fruitful vine, hardly worked, eagerly anxious only for her house to be as good as her neighbor's, brings the same story. The plainly apparent uterine disease is readily held in check, and instead of thanks, "Sure, doctor, its just restless I am the entire time. When I might be aisy from the young ones, its aimless trampin' I'm doing. Is there medicine for that?"

Said an old New England physician to me once, "Women nowadays are born *tired* out." I am tempted to echo his axiom, after interviews with girls of fashion and nursery-maids—alike the victims of nervous exhaustion,

the legitimate product of the habits of the time. A case or two from this season's record will illustrate better my meaning:

CASE 1.—Miss K., aged 27 years, came to see if she could be relieved of tapeworm. She had passed no pieces, although regular physicians and charlatans had alike attempted to expel the monster. She was sure of its presence, because "it bites, and writhes, and tears; it comes up to my throat and even stings my breast. Sometimes, when it is angry, it fairly sets me wild." The patient's appetite is capricious; she insists on eating a cracker during her visits to my office; the pupils are dilated, hands nerveless, yet restless, and is easily moved to tears. There has been retroversion and induration of the cervix; but having been treated by an eminent gynæcologist of this city, I found the uterus quite healthy. I do not accept the tapeworm theory. This seems to me a case of nervous hyperæmia, and I have had slight result from Bell. 200 and Crocus 6 x., and using the galvanic current in general electrization.

CASE 2.—Mrs. Z., a childless wife, with nothing to do, suffered from an aggravated form of cervical endometritis, with the characteristic leucorrhœa, disagreeable enough, but under control now. Yet the burden of life is intolerable, because of nervous prostration. In her case the neurasthenia simulates rheumatism of the back, loins and nape of the neck. There is no tenderness, even to the touch of the electrode; but for hours the patient

suffers from pain, stiffness, inability to swallow, unless—and mark the diagnostic point—a skillfully conducted conversation will many times so divert the mind that the muscles are relaxed from tension, and pain and stiffness all disappear. This patient often seems in the condition described by Carpenter as "expectant attention."

The attention is directed to that part of the body; the idea of pain is dominant, and rigidity from unconscious will-action results. "My pains are always worse when I am alone," she says, "first one part and then another gets numb." The uterine lesion has been relieved by topical treatment, and Gels. 30 x. is the remedy.

What can be the *raison d'être* of this peculiarity of all disease to-day, notably of diseases of women? It seems to me three causes are at work:

1st. To use a pet phrase with modern philosophy, 'tis due to faulty environment.

2d. A diseased condition of the sympathetic.

3d. A lack in cultivation of the will.

As physicians, with the first we can do but little, it is in the domain of social science.

Of the second cause, we will say only a few words. Carpenter says, "The excitation of the sympathetic nervous ganglia, whether by direct or reflex irritation, leads to contraction of the vessels and consequent diminution in the activity of all organic processes, secretion, nutrition, growth, development. Again, a large portion of the muscular apparatus, which directly ministers to

the organic functions, notably that which forms the walls of the bladder, ureters, uterus and Fallopian tubes, receives *no other nervous supply*, and consequently of whatever motor influence these parts may receive from the mental states, this system of nerves must be the channel." The reverse must be equally true; each efferent fibre has its correspondent afferent fibre, and a diseased condition of the terminal fibres in uterus or tubes soon involves the whole or a large part of the system. The local lesion may be easily healed; but no one remedy seems to me to cover the whole ground. Let the sympathetic system be studied,

and be no longer almost a *terra incognita* to the practitioner.

Concerning the third cause of this national nervousness one word. The paralysis of the will is evident in hysterical men and women, and the emotional insanity of to-day has its origin in just such volitional weakness. Insanity is increasing disproportionably with the population, and with the faulty innervation comes weakness of constitution; and unless a strong stand is taken against the tendencies of the time, the present inhabitants of America may share the fate of the aborigines, who have been, and are not

PYLORIC ABSCESS.

BY

H. W. BRAZIE, M.D., Bristol, Ind.

On the first day of April last was called to see a boy, 7 years of age. Found him suffering from all the premonitory symptoms of pneumonia. Commenced with a severe chill, intense febrile symptoms, flushed cheeks, a constant cough, viscid bloody expectoration, hurried breathing, with crepitation and bronchial respiration over the lower portion of the lungs. Temperature of the body high; this continued until the fifth day. From the first complained of severe pain in the pyloric region; caused him to cry out constantly. Pulse ranged from 120 to 108, up to this time. The pain in the pylorus continued to increase. Finally the mother told me that about two weeks before, while playing ball, he was hit in that locality by the ball, and that he had

constantly complained of pain in the stomach since. A thorough physical examination in that locality revealed the following conditions: Externally a well-defined enlargement over the pyloric orifice; when pressed upon would cry out in great pain. Auscultation and percussion revealed a much duller sound than normal; extreme sensitiveness and heat. I then told the parents that at the pyloric orifice of the stomach an abscess had formed. I based my opinion upon the following facts: 1st. The mechanical injury. 2d. The constant complaint of pain during the time since injury. 3d. That with the increased temperature of the body (as the result of pneumonia), there was a constant increase of the pain in the region of the injury. 4th. By auscultation and per-

cussion. 5th. By the external appearance of the parts, and, 6th. The extreme sensitiveness upon pressure and local heat. My treatment at this time was the following: Hepar Sulphur, 3d trituration, every two hours, with an occasional dose of Aconite 3d and Arnica 3d; gave as drink *Ulmus Americana*. This treatment was continued until the end, with the exception of remedies hereafter mentioned. On the eighth day he was taken with vomiting of about a teacupful of bloody pus. This was followed a few hours after by a free discharge (via rectum) of one pint of the same bloody pus, which was almost immediately followed by a discharge of clear blood, and also vomiting of blood.

The pulse now rapidly diminished, until it was only 50. There was a general prostration and loss of vitality; the

hemorrhage from vomiting and bowels continued severe. I now gave *Hamelis Vir* 3d every 15 minutes, and *China* 1st every hour. In two hours there was a decided improvement in the condition of the patient. The hemorrhage gradually ceased, and the pulse slowly regained its power and frequency; in 5 hours the hemorrhage had almost entirely ceased, and was completely controlled at the end of 8 hours. The patient continued to improve under the administration of *China* 3d and *Arsenicum* 3d. Two days after a little clotted blood passed from the bowels, but was not followed by any active hemorrhage; in 4 days after this patient was discharged.

Mr. Editor:—I would respectfully ask the opinion of the medical fraternity, as to my diagnosis and treatment of this case.

THE LAW OF SELF-INDUCTION

SUPREMACY AND THE GREATEST POWER POSE! MENTAL.*

BY

JOHN A. H. HELFFRICH, M.D., Etna, Penn.

It is now half a century since Science made a "new departure," in substituting speculative theory for experiment. The scientific word, at the present time, is agreed in maintaining that no theoretical assumptions can be admitted into the sum of valid knowledge, till they have been demonstrated by actual experiment. And, by Science, is meant Nature's order and laws, the forms of

Force in the whole of things. But while Science has cognized all forms of force, from the central sun, extending through the mineral, the vegetable and the animal kingdoms, up into the mental world, its experimental investigations have been confined to physics, and never extended to psychology. And now, as mental science would seem to come within the range of theological studies, it should not be considered marvelous, perhaps, that a "revival" minister should have hit upon the scientific method, and thus

*The Trance, and Correlative Phenomena, Self-induced. A refutation of Mesmer and Neurology. By La Roy Sunderland. Chicago: Published by James Walker.

have demonstrated this *law of self-induction*, by experiments upon the human mind. When the conservation and the correlation of all forms of physical force were discovered, a few years ago, Faraday declared it the greatest that the human mind had the capacity for making. He thought no discovery could possibly be made greater than that. But it seems not to have occurred to him, that it might be possible for the human mind to make a discovery in mental science, in regard to its own SELF-HOOD, that would rank, perhaps, with any made in physical science. All of science has been discovered by the human mind. And as man himself has been considered the greatest miracle in the whole of things, we must suppose that, in some sense, the mind may be considered superior to any miracle of discovery it has ever made in physical science. The miracle-worker is above the miracle he performs.

The book on the Trance, by La Roy Sunderland, which has suggested this strain of remark, details his experiments upon the human mind. And, to the reader, I need not say, that the mind of man is that *feeling, thinking, knowing* part of him, that cannot be measured by the carpenter's rule, nor weighed in the balance of the chemist. The mind evolves its own *ideas*. By ideas it is controlled, and by ideas it may be tested. And thus, by experiment, we prove that faith in a *false idea* induces precisely the same changes in the nervous system, the same fears, hopes and joys, that faith in true ideas induces. Indeed, if the details of Mr. Sunderland's lectures in

this volume be true, then it is certain that the "faith" which his patients exercised in him certainly induced more marvelous changes in their minds and nervous systems than have ever been known from faith in anything else, real or imaginary. Thus demonstrating by experiment that this law of self-induction is supreme in the mind, and excited by faith, it is the greatest power, purely mental, that it is possible for the human mind to know. Because, when excited by faith, hope and joy, or by fear, in a sudden shock, it induces *instant death*. And the power that strikes the vital system with sudden death is sufficient for inducing the trance in mesmerism, and (in certain cases) it is sufficient for the cure of disease, and in a single night to turn black hair to gray. Thus the criminal was killed by his own "faith" (as suddenly as Annanias and his wife Sapphira were), when he was made to believe falsely that he was bleeding to death, when not a drop of his blood had been shed.

In the *Magnet*, a monthly published by Mr. Sunderland, in New York, in 1842, and in numerous other works on psychology published by him, besides this one on the Trance, he has detailed a large number of cases where surgical operations were performed without any consciousness of pain, in a state of profound trance, self-induced, as it always is self-induced (whether spontaneous or artificial). And one case—that of Luther Carey, aged 40, of Bangor, Me.—had his thigh amputated by Dr. Rich and three other assisting surgeons. The trance was self-induced by his faith in

Dr. Dean, who was, according to Dr. S. J. White, the "magnetizer." And speaking of "magnetism," reminds me of experiments with a powerful horse-shoe magnet in New York, in the presence of members of the New York Medical Society, which demonstrated how disturbing both magnetism and electricity are to the nervous system, detailed in this work. The author of the Trance, it seems, had, for twenty years, been a successful "revival" minister, and cases of the trance, with numerous other nervous and mental phenomena, followed in the wake of his preaching. In 1836 "Animal Magnetism" was introduced into this country by Mons. C. Payen, a Frenchman. The first person "magnetized" by him was Miss Cynthia Gleason, of Pawtucket, R. I. Mr. Sunderland fell in with Payen by accident, and saw Miss Gleason in the trance, and the Frenchman embraced the opportunity of explaining Mesmer's "magnetic" theory, and the results produced by one "will" controlling the "will" of another; the "magnetic fluid," and how it was eliminated! And it so happened that the next person he saw entranced by Payen's process was the wife of a clergyman, in New York, who was one of his "converts," that had been entranced under his preaching. On becoming now entranced, she "shouted for joy," and declared to him that it was the same state in which she had found herself under his preaching! And as he knew very well that those trances under his preaching were not produced by his "will," the theory of

self-induction was thus suggested to his mind. And the experimental lectures he afterwards performed all over the country, demonstrating the existence of this law, are detailed in the pages of this work on the Trance; and what the author claims is the discovery of this Law; and that in his lectures on Mental Science all the nervous and the mental phenomena followed in his audiences, and results, indeed, far more wonderful than any witnessed in all the "revivals" he ever got up during the space of twenty years of his ministry. And here I will conclude with a very brief statement of the conclusions to which the author of the Trance informs us that these experiments have conducted his own mind.

I. The class of *temperament* on which these experiments can be successfully performed is a small one, compared with the mass. And those engaged in the healing art, who are well informed in respect to psychology, may be more or less assisted by this knowledge. But "magnetism," or the "laying on of hands," in the treatment of disease, will never be generally practiced by well-informed physicians. To render a patient insensible to pain during a surgical operation, occasionally, would require more time than any ordinary medical man could devote to such a case.

II. The human "will" is the power of choice. It is free in the sense that it is self-controlling, and cannot be subdued nor annihilated by the mere *volition* of any other will. Hence, no "mesmerizer" nor "magnetizer" has,

or can have, any power over the self-hood of another merely by volition, and none, in any case, except that with which he may have been *invested* by the confidence, faith and hope of the patient. And this faith depends upon the temperament.

III. Each mind forms its own *ideal* of the *power* by which it is to be saved, or cured, while the mind fabricates factitious relations (mental gravitation) with a myth (or imaginary object), and which it invests by faith with its own ideal of power. In this way "miraculous cures" are made. Hence, faith in a myth becomes a paramount power in the mind, not outside. For neither the "will" nor "faith" has, or can have,

any executive power outside of the mind by which these functions are exercised.

IV. The human mind has no capacity for cognizing its own processes of faith, hope, fear or joy; hence, while the mind is conscious of the change that has been induced by this supreme law of self-hood, the change, the miracle, is attributed in each case to the mind's own ideal of power, which may be in any one of a thousand remote causes—which, in the patient's mind, may be the "Deity," the Devil (as in witchcraft), "magnetism," or the "will" of one now dead. The mind cannot be restricted in its freedom of choice in this regard.

ARGENTUM NITRICUM IN AFFECTIONS OF THE STOMACH.

BY

DR. SEUTIN.

Read before the Central Association of Belgian Homœopaths.

(Translated by F. A. G.)

I desire to submit a few remarks upon a therapeutic agent seldom employed in homœopathy, but which may, however, be of great service in important cases. I mean *Argentum Nitricum*. There exist but few observations relative to the use of this drug, whose pathogenesis is little known. Hahnemann gives but few of its symptoms. Richard Hughes devotes a few pages to it, without, however, attributing to it any great curative power. Still we find in the pathogenesis of this drug, published in the "Additions to the Materia Medica," by Staff, remarkable morbid symptoms produced by its internal

use—symptoms which have made themselves felt upon the digestive apparatus and the nervous centres. I believe it is not sufficiently used in serious affections of the stomach, such as inveterate gastralgias, ulcers, etc.

Upon two different occasions I had good cause to praise the result of its use.

Madame X., age 40, was troubled for several years with stomachic derangement; her digestive apparatus did not act in a regular manner; appetite capricious; digestion slow; stools rare and difficult. When she sent for me she had for two weeks experienced

nausea after eating—nausea followed by cramps, which, starting from the large cul-de-sac of the stomach, radiated towards the intercostal spaces extending to the shoulder. The appetite was, so to say, none, liquids only being easily absorbed, the ingestion of solid food occasioning great pains. She could not bear a corset, the least pressure on the stomach causing suffering. I prescribed *Nux. Vom.*, 6th dil., a few drops in one potion, four teaspoonfuls a day. Under the influence of this drug the attacks were soothed; the appetite increased a little; the stools were easier. I had prescribed a course of treatment for a fortnight, when, on the eighth day, in the morning, I was called in haste.

On my arrival I found the patient a prey to great pains; she was vomiting glairous matter intermixed with blood. The stomach was extremely sensitive; the slightest pressure, especially upon one spot, which could be easily circumscribed, made her shriek. She felt the need of constant drinking, liquids causing water brash. I prescribed *Ars.* and *Ipecac.* alternating. The night passed pretty well; but as soon as the patient wished to take food, the vomitings and pains returned. During these attacks the body was covered with perspiration; the features were contracted. On the contrary, during the interval of the crises, the patient complained of cold, and was unable to warm herself.

It was then I prescribed *Argentum Nitricum*, 6th trituration, 10 centigrammes in 150 grammes of water, a

teaspoonful every two hours. The second day a sensible improvement operated in the general condition of the patient; there was but one attack in three days. I continued the use of the drug, and at the end of eight days the cure was complete.

A short time after I had occasion to treat another lady presenting the similar morbid symptoms. I used only *Argentum Nitricum*, which alone effected a cure.—*Revue Homœopathique Belge.*

FUCHSIN FOR ALBUMINURIA.

(Translated by William Scherzer, M.D., New York.)

The first revelation of the treatment of chronic albuminuria, complicated with anasarca, with Fuchsin, or Rosonilinum Hydrochloricum, originated with Bergin (*Gaz. Hebdom.*, 1876) and followed by Cluet & Feltz, then by Bouchut (*Gaz. of Hom.*, 1877 and 1878). There are now ten cases in all on record. They are taken from the Parisian Hospital for Children, under Dr. Bouchut's care (*Gaz. of Homo.*, 1879, Nos. 8 and 9). Bouchut comes to the following conclusion: Fuchsin can be taken for six months without danger, in doses from 0.10 to 0.25 grains per day. It diminishes the albuminuria very rapidly, and seems to have a healing tendency on the diseased parenchymatous tissue of the kidneys, with a simultaneously existing hydrops, either œdema or anasarca. The disappearance of the swelling is evidently due to Fuchsin. Its use is earnestly recommended in such cases.

A PROMISING REMEDY FOR SALIVATION.

A woman affected with dropsy was subjected to subcutaneous injection of Pilocarpin. The immediate consequence was a profuse salivation. Ptyalism is at times a troublesome symptom, especially in elderly people, and also during gestation with women, which even homœopaths often fail to relieve. Nevertheless, Mercurius, which *seems* to be a true homœopathic similium, has been proven to be inefficient in many cases, and it would be well, therefore, to try Pilocarpin in the higher or lower potencies for the cure of salivation.

ERUPTION IN THE POPLITEAL SPACE.

J. S. Gorlitz called the attention to Thuja 2d as a remedy for humid itching eruption in the popliteal space, especially when appearing in winter.

ACONITE 200 FOR PALPITATION.

An elderly woman, whom I treated several times for ascites, the consequence of an affection of the heart, was attacked with severe palpitation and trembling, caused by fright. The condition had continued 24 hours when I saw the patient. I gave Acon-

ite 200, and prescribed at the same time Aconite in a lower potency, in case there should be improvement within 12 hours. Patient took from 6-12 pellets every two hours, after which she fell asleep, and awoke without palpitation and a quiet pulse. On my next visit she said, "Doctor, you hit the nail again square on the head."

CLARIFYING WATER BY PEACH KERNELS.

It is stated, on the authority of the *Monthly Journal of Pharmacy*, that peach kernels act powerfully in causing precipitation of matter suspended in water. A Dutch hotel-keeper in the Transvaal clarifies the turbid water of the district, it is stated, by throwing half a dozen dried peach kernels, slightly cracked, into a large butt of water. In an hour or two muddy water will be found to be quite clear. The truth of this may be easily ascertained by those interested. In commenting on the above, the *Chemical Review* says that the seeds of *Strychnos potatorum*, a poisonous shrub, are used in India for the same purpose. The water is poured into a rough earthenware vessel, and the seed is rubbed round and round against the side beneath the surface of the water. We are not aware that the chemical action of this process has ever been explained, but the natives are very reluctant to drink the water of a strange well without this precaution.

THE
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EDITORIAL.

The editor of the HOMŒOPATH has left the city to take his summer vacation among the mountains of New Hampshire. We therefore bespeak the indulgence of the readers of this journal for the lack of the editorial article in this number, and also for any delay that may occur in replies to correspondence.

If the readers of the August number of the HOMŒOPATH should find any errors in its articles, they must attribute it to the carelessness of the printer, who lost the corrected proof-sheets. The second proof-sheets struck off had, therefore, to be corrected without the supervision of the editor.

CURE FOR FELON.

BY E. F. BROWN, M.D.

CHARLOTTE, MICH.

A friend of mine a few weeks ago had a felon make its appearance on the palmar surface of his left hand, at the knuckle joint of second finger. Dreading the lance, he was induced by a neighbor to place the hand sufficiently deep in a bowl of kerosene oil to completely cover the affected part. It stopped the pain almost immediately. A few applications killed the felon so that it healed kindly and rapidly, leaving the hand supple as ever.

Since that, a lad came to me with a felon on the end of index finger of right hand. I advised the same treatment, and never saw a case heal prettier. It seems to be a specific. Brethren, try it.—*Homœopathic News*.

HEPAR SULPHUR CALC.

BY H. JOULLON, M.D.

A lady came to my office, who, from her difficult, short, asthmatic breathing, complicated with a continuous, very fatiguing cough, impressed me as an extremely severe case. Scarcely had I concluded a consultation with two patients present, when the conduct of the newly-arrived patient occupied my entire attention. I advised her to go home at once, and not expose herself to the open air as long as the then sharp east wind lasted. She received only one powder of *Hepar Sulph. Calc.*

3^z trit., to be taken three times daily, as much as would lay on the point of a small pen-knife. Fourteen days later she visited me for the second time, and expressed her joy at the entire disappearance of the obstinate cough, which I had personally expected. No signs of dyspnœa or irritation to cough. After taking the medicine the cough became loose, retaining, however, the peculiarity that it was renewed after eating. Cough occurred evenings upon lying down only during the first few days, but she no longer felt so filled up with slime. The husband of the lady is a dealer in tobacco, teas and the like, consequently their influence could not be avoided. It was evidently a case of subacute bronchial-laryngeal catarrh.—*Allg. Homœop. Zeitg.*

HYDRARGYRUM CHLORATUM MIT.

A woman, aged 70 years, fell so that, as her daughter expressed it, the flesh was removed from the bone. This wound of the thigh was treated by a surgeon, and in 14 days was cured. But with the cure another severe ailment set in. The

woman's mouth swelled, ulcers formed in the mouth and on the gums, from which pus flowed upon pressure. The tongue became so large that the patient could not speak, also swallowing was most difficult; the surface of the tongue thickly coated and also covered with numerous sores. To this was added a pestilential odor, which came from the affected parts. The disfigurement of the face must have been horrible, from the description given; the teeth or jaws stood wide apart, and as swallowing or speaking had become impossible, the woman seemed to the relatives to be in the greatest danger. A visit was not desired, so that I had to rely on the report given. The local applications ordered by the surgeon had only aggravated the trouble.

For this malignant ulcerous stomatitis and glossitis, the already alluded to mercurial preparation proved quite successful (1 gr. *Calomel* [0.06 gm.] to 4 gram. sugar of milk well triturated, of which about as much as would lay on the end of a pen-knife was given every 2 hours), as an improvement set in at once, and a rapid cure soon followed.

There was no occasion for a new supply of the medicine, nor of any local medication.—*Id.*

COMPOUND, COMMINUTED FRACTURE OF THE NASAL AND FACIAL BONES, COMPLICATED WITH TETANUS.

BY

PROF. C. H. VON TAGEN, M.D., Chicago, Ill.

During the month of February, 1877, was called to the scene of an accident in this city, and found a man lying pros-

trate upon the ground, bleeding profusely from both ears, nasal passages, mouth, and from a severe lacerated con-

tused wound of the face; he was also in a semi-conscious condition, had lost considerable blood, and was evidently laboring under a severe concussion and shock of the brain. Further examination revealed a severe scalp-wound, extending across the entire occipital region; likewise the right ear had been partially torn from its attachments and was very cold. The pulse was slow and feeble, hands and extremities were likewise cold; when spoken to, no other response but a faint groan could be obtained. Placing the hand over the region of the heart, its pulsations were also feeble, and every symptom indicated a great depression of the vital forces. Near by stood a heavy double team freight wagon, that I was told was partially loaded when one of the hind wheels passed across his face, producing the condition just described.

I was informed that the accident occurred while the man was engaged loading the wagon. It being a cold winter morning, with considerable ice and snow on the ground, his foot slipped, and he fell from the side of the wagon head foremost, striking the ground violently; the horses starting off at the same time from affright, one of the hind wheels passed over his face.

Having the injured man conveyed to my office, which was close at hand, proceeded to examine and dress his injuries. First made attempt to restore consciousness, by applying aqua ammonia to the nostrils, which seemed to arouse for awhile the latent energies of his system. As soon as he was able to swallow, gave him Arnica Mont., 30th, prepared in water, and repeated this every 10 to 15 minutes in teaspoonful doses.

Some two hours or more were consumed in completing the dressings, at the close of which time, under the action of the Arnica, he had recovered his consciousness sufficient to recognize a friend who was with him. Examina-

tion of the injured parts revealed the following conditions: the nasal bones and vomar, turbinated bones, malar bone of the right side and portions of both superior maxillary bones, were all driven in, more or less, into one unrecognizable comminuted mass; the nasal bones and vomar into the nasal cavity, portions of the maxillary bones into the antrum on both sides; the malar bone of the right side was forced upwards and inwards, impinging upon the right eyeball to such a degree as to lacerate the conjunctival covering of the eyeball. This organ was severely injured and extensively ecchymosed throughout its entire extent, as well as the upper eyelid, which was very much tumefied and livid. The right ear was severely contused, and a deep lacerated wound along the upper attachments of the ear; these were torn away from the side of the cranium, causing the ear to drop almost to the extent of doubling upon itself. The hemorrhage from this ear seemed to have subsided by this time, also from the branches of the facial arteries, and from the mouth, of which the blood had flowed very freely, had also spontaneously ceased. The temporal artery began to flow freely. As soon as reaction was manifested, this vessel I ligated at both ends; blood was also escaping from the occipital artery on the corresponding side, implicated as it was with the wound in that locality; this vessel also had to be ligated.

By gentle manipulations the malar bone was replaced *in situ*; the nasal bones and vomar were drawn out into position, some small and detached fragments were removed; the lacerated soft parts or tissues were trimmed of their ragged portions, and stitched together with fine silver wire sutures; also the lower eyelid, which had been torn from its attachments by the displacement of the malar bone pressing upon it. The injured ear was restored to its proper position and secured in the same

way; the scalp-wound, after shaving the hair away from the margins, was secured by means of adhesive strips.

After cleansing and washing away the clotted portions of blood, and all extraneous matter (which was done with warm arnicated water, 1 part to 30), I now proceeded to mould the nose up into proper shape, by placing long round compresses composed of patent lint, of a length suited to the proportions of the nose; these were secured by means of adhesive strips placed transversely; then introducing a piece of gum catheter (cut to a proper length) into each nasal passage; these serving to form not only an internal support, for the maintenance of the nasal arch and walls within, but also as free points of exit for any discharges that would inevitably ensue when suppuration set in.

Attention was also given to the eye, which had become swollen, together with its surroundings, and seemed to be hopelessly involved.

As the patient could not see anything when the sound eye was closed, the outer dressings of the face consisted of a mask, cut and fitted to its shape, spread on its inner surface with carbolized cosmoline (5 grs. to the oz.)

This dressing was secured to the margins by means of adhesive strips; the same kind of dressings, in shape of compresses, were placed over the ear and scalp-wound; the whole of which was secured by means of a roller bandage enveloping the entire head. After completing the dressings, patient manifested symptoms of pain and distress in the head, and seemed to be chilled through his entire frame, notwithstanding his wounds were dressed in a warm room. Some stimulants were now administered, in the shape of a hot whisky toddy (1 oz. to 4 parts of water).

He was now well wrapped up and conveyed to his home, some two miles distant, and placed in bed in a dark

room. The ride seemed to disturb and aggravate his previous condition. Arnica Mont. was ordered to be continued every hour. This was at 12 M. Called on the same day, at evening. The patient, who was of a robust, sanguine temperament, temperate habits, 37 years of age, was threatened with a high fever, craving cold drinks almost constantly, and was troubled with vomiting. Pulse 110, temperature $100\frac{6}{10}^{\circ}$; very restless, moaning, with drawing up of the limbs, heat of the skin; he made efforts to speak, but could not articulate. His general condition now betokened serious threatenings, which caused me to give a very unfavorable prognosis, as I feared the approach of severe *traumatic* fever, possibly convulsions.

As a precautionary measure, I ordered a hot mustard foot-bath, and the same remedy to be continued every hour until he slept.

On the following morning (Feb. 4) called, and found the patient had been very restless throughout the night, muttering to himself more or less, the nature of which indicated that he had some recollection of the accident. After 3 A. M. he dozed some; had passed water involuntarily during the night (he also did the same during the dressing on the previous day), and had a stool in bed, which he did not appear to be conscious of; his breathing was stertorous; he also started when he slept. Pulse 115, temperature 102° , continued fever and hot skin, respirations rather rapid (24 per minute), and at times the patient gave vent to groans. Made no change in the dressings; called on the same evening; found the symptoms already narrated much aggravated, with the addition of twitching of the muscles of the extremities and back; also dilatation of the pupil of the uninjured eye. Restlessness very marked, and a tendency more or less to constant tossing of the head on his pillow; pulse

120, temperature $103\frac{5}{10}^{\circ}$, respirations still rapid. Bell., 30th trit., was now given, and repeated every hour, to be continued until these symptoms abated. Ordered the hot mustard foot-bath repeated.

February 5, A.M.: found the patient's symptoms had abated, though he slept more or less fitfully, but was not so restless as during the previous night; pulse 118, temperature 103° ; ordered Bell. to be continued. Up to this time the patient had taken no nourishment, craving only cold water; this he swallowed with more or less difficulty and hesitation; ordered some cold beef tea to be given, *ad libitum*, in table-spoonful doses; also warm enemas of the same *per rectum*. His bowels had been unmoved since the second day, but his urine was passed more or less involuntarily since the date of the accident (the enemas of beef tea were retained).

Called again during the evening of same date. Patient very feverish; pulse 130, temperature $104\frac{5}{10}^{\circ}$, skin hot and dry; also jactitations of the muscles of all the limbs, and curving upwards of the trunk of the body (*opisthotonos*).

Respirations more rapid than heretofore, being 30 to the minute and somewhat labored. Patient appeared conscious when spoken to, but would relapse into a state of unconsciousness when undisturbed; deglutition more difficult, and when attempted regurgitation followed. Enemas of beef tea were continued and repeated every 4 hours while awake (these were retained). There was now a contraction of the pupil of the sound eye, also stiffness and rigidity of the lower jaw and of muscles of the neck; also clinched condition of the teeth; all these symptoms are denotive of *tetanus*, for which Calabar Bean (*Physostigma Venosum*), 1st trit., in doses of 1 grain, placed in the mouth and allowed to absorb; repeated this every 2 hours, with orders to continue every hour in case the pa-

tient grew worse. The dressings were now removed, and the wounds were examined; those of the face presented a fair appearance; pus and blood were still issuing through the gum tubes that were placed within the nostrils; the wound of the ear had a tendency to suppurate, and an erysipelatous blush surrounding its margins, as also the ear itself, verging toward the affected eye, the surroundings of which were much swollen, and also thus implicated. Muco-pus was escaping between the eyelids, and the scalp-wounds presented the same condition. After washing and cleansing all these parts thoroughly, a dressing composed of Sulphate of Soda, 30 grs. to the oz. of warm water, and 1 drachm of Glycerine; in these proportions a quart was ordered to be heated, and applied by means of compresses soaked in the solution, and applied as hot as could be borne to the eye, to the ear and to the scalp-wound. To the face a double thickness of patent lint, in the form of a mass, soaked in the same solution and placed over the face; these dressings were ordered to be kept constantly moistened (not to be allowed to dry); over all of this a double thickness of old linen was placed, to exclude the air. Re-application of the solution mentioned was ordered to be made by means of sponges, wetting the compresses, thus preventing disturbance of the dressings.

February 7, A. M.—Visited the patient, and upon inquiry found he had passed a very restless night; had muttering delirium, escape of blood and pus from the nostrils and mouth, that had to be constantly sponged away. This sometimes threatened to suffocate him, exciting a spasmodic cough, followed by severe tetanic spasms and marked *opisthotonos*, which now extended as far as the heels, and was most apparent when induced by paroxysms of coughing. Between these periods he seemed to subside into a more quies-

cent state, the *opisthotonos* was not then so apparent. Respirations 28 per minute; pulse 130; temperature 104°.

Involuntary emissions of urine still continued; he seems to swallow easier, taking nourishment only during his quiet periods; he rested for longer intervals during the night, but was very restless during the interims. The plantar fascia and toes of both feet, together with the tendo Achilles, were very much contracted and tense, especially during the severe paroxysms of spasms (likewise the *gastro cuemius* muscles). Alternate contraction and dilatation of the pupil of the uninjured eye was present; the former (contraction) seemed to correspond with the period of quiescence; the last-named (dilatation) with the period of spasm and tetanic convulsion.

This condition I have noted in 3 former cases of traumatic tetanus, all of which were cured with the internal administration of Calabar Bean. I was therefore induced to continue the remedy, giving it in the 6th *trit.*, repeating every two hours (in 1 grain doses). Ordered an application of hot water to the spine by means of Chapman's Spinal Bag, the hot water to be renewed every 40 minutes. These applications seemed to alleviate and quiet down the spasms, and acted as a palliative.

Called evening of the same day, found the patient much the same as in the morning; dressings were removed, wounds all looked promising. The tumefaction about the wounds had subsided at all points, where it had previously existed; laudable pus was escaping from the wounds in moderate quantities; rather more profuse from the nostrils and mouth, which passages were ordered to be syringed out with warm *calendulated* water (10 to 12 drops to the oz. of warm water), every four hours, which seemed to give the patient much relief; having no further coughing spells and other accompanying severe symptoms already enumer-

ated. Pulse 116; temperature 103 $\frac{1}{10}$ °. Patient seemed to have some control over his urine; had also a good stool during the morning, which came away after an enema was passed up into the bowels; these were continued more or less up to this time; milk punch was added to his diet—dose, a wine-glassful every 4 hours, except when sleeping; treatment continued.

Feb. 8: patient passed a more comfortable night, spasms and convulsions recurring, but at more prolonged intervals and less severe. Pulse 120; temperature 103°; no involuntary passages of urine; patient takes nourishment by the mouth and swallows better.

Wounds all improving; erysipelatous condition almost *nil*; patient's appetite improving; takes his beef tea readily but leisurely, swallowing with care. Treatment and dressing continued as before.

Feb. 9: patient still improving in every particular; wounds all granulating finely; removed the stitches from the ear and scalp-wound, except from centre of last-named wound; also removed the stitches from both sides of the nose and right lower eyelid.

I omitted mentioning that all due attention was given the injured eyeball, arnicated water being used, same strength as stated in the early part of this report; later, when suppuration occurred, calendulated water was applied in both instances, by means of the syringe. An examination of the eyeball was now made, this being the first opportunity offered; it was a matter of agreeable surprise, to all interested, to find that the right eye was but slightly impaired in its vision, with a probability of full recovery. Pulse 100, temperature 90°, respirations normal; treatment and dressings were continued as at last report, excepting the less frequent administration of the internal remedy, Calabar Bean (6th *trit.*), which was repeated every four hours, except when sleeping.

Feb. 12: patient has been visited daily since last report, and as there has been no aggravation nor untoward symptoms, we have nothing further to report, except the dressings were renewed each day and continued. Hepar Sulph., 30th trit., was now given for the offensive suppuration that still continued escaping from the nostrils. The tubes were removed from the nose, and the nostrils washed out thoroughly; several small fragments of bones and portions of disintegrated suppurating tissues escaped, which were too large to pass the calibre of the tubes. From the effect of this treatment the patient experienced great relief, and breathed freely once more, as he stated. Pulse 90, temperature $97\frac{3}{4}^{\circ}$.

Feb. 15: the writer visited the patient once since the 12th, and on this date found him doing remarkably well. Wounds healed, countenance, including all the injured parts, are fast recovering their former aspect. The patient can now blow his nose quite freely, and asks for a glass to look at himself, doubting whether he had any nose and features of face left; he recognizes himself, and thinks he is quite as good-looking as ever, in which opinion his wife seems to concur.

There is still some discharge of mucus from both the nostrils and also hawked out through the mouth. Another important fact, which had been almost forgotten in writing up the history of this case, was the escape of a liquor or serous-like fluid, at first tinged with light blood, then subsequently with dark blood, finally a clear serous fluid, which is still apparent at this date of writing, escaping from the right or injured ear. This condition continued up until the 28th of Feb., then appeared to cease gradually. The question here arises and may be asked, was there not some deep-seated complication, in the shape or form of a partial fracture; or at least some serious disturbance of the Basilar portion of base of

the skull—as was apparent from the character of this escaping fluid, which probably was *liquor contumas*—so called from the name of the author who was the first to detect and describe its nature as a characteristic feature of fracture of the base of the skull? March 15 the patient resumed his usual duties. As far as can be learned, he has not suffered any marked amount of inconvenience from the serious accident which he sustained.

At a later date, viz., September following, the patient called at the writer's office to obtain some relief for a severe cold in the head and chest, accompanied with severe coughing. He was very much "stuffed up" in the head and somewhat oppressed for breath.

He had been in this condition for a week previous. Gave Ars. Alb., 30th trit., to be repeated every three hours until relieved. He called again a week later and reported himself much better. Repeated the remedy, which entirely removed all the after effects of the cold.

He stated that soon after he had commenced the medicine he expectorated profusely, and blew immense quantities of thick yellow mucus from his nose, slightly blood-streaked. Upon interrogating the patient as to whether he experienced any ill effects from the accident he had sustained, he replied that he was quite deaf in the affected ear; also that he could not stand the effects of the sun during the summer months, just past, as he could before, being compelled to go into the shade or under cover; unless he did, he would get a giddy spell, followed with unsteadiness of gait. He adopted the plan of wearing a fresh green cabbage leaf in his hat, which had the effect of affording some protection. I gave him Glonoine, 30th, to overcome the latter named ill effects of the sun. This remedy invariably relieved him. An important symptom, worthy of note, was pressure over the vertex or upper surface of the brain,

accompanied with oppression in the chest.

We will here take occasion to add that the last-named remedy proved a very prompt and efficacious agent in curing a considerable number of cases of sun-stroke, in our own field of practice, during the heated terms of the past ten years.

The 30th and 200th proved equally valuable in their results.

CORRESPONDENCE.

THE CHAMPIONSHIP OF THE MILWAUKEE TEST.

Editor of the HOMŒOPATH :

The editorial under the above caption, and Dr. Pearson's letter in your July issue, are both so extremely unjust towards me, that I am constrained to try yet once more for fair treatment at your hands, for myself and the Milwaukee Test.

Your editorial strictures have two principal objects: (1.) What you are pleased to call the "discourteous language" and "rude personal attacks" of my article in the *St. Louis Clinical Review* of last May, which you erroneously term "a pamphlet dated from Milwaukee." (2.) My statement that Dr. Pearson's open letter was "copied from the *Hahnemannian*" (I use your words) by you, which statement, you say, I "knew, therefore, that it was not true when he (I) made his (my) statement." Taking the last first, let me say that I made the statement from observed facts on April 23d, when I wrote the article. The only information I had on the subject was a letter from you received by me on the 2d of May. In this letter you *did not* inform me (to quote your July editorial) that you "were not aware of its having been sent to the *Hahnemannian*, nor" that it

had not "been seen by the editor until," etc. Your exact words to me are: "Dr. P.'s article had been received in manuscript and set up in type before the *Hahnemannian* came to this office." Not a word about your *knowledge* in the matter, or your *having seen* it. I repeat, that in your letter to me, written after having read the manuscript of my article, you did not deny that *you knew* the open letter to be in the *Hahnemannian*, nor that you *had seen* it there, when you published the same in the HOMŒOPATH. If you did not know it, I supposed you would have said so when writing to me on the subject. If you did know it, I was not so far wrong in calling it "copied" from that journal. The facts were, that the "open letter" appeared here April 2d in the *Hahnemannian*, and again April 20th in the HOMŒOPATH. Knowing that you, alone of homœopathic editors, had declined to print the announcement of the Milwaukee Test Committee, on the ground that your rule was never to publish anything that had appeared in print; and seeing this rule immediately violated, apparently for the benefit of the other side, and supposing that as an editor you read your exchanges, is it strange that I should have criticised your editorial course, for its apparent injustice and partiality?

Next, as to the manner of this criticism. Your editorial utterances in regard thereto do not agree with your private letters to me on the subject. The article, as published, was first sent to you in response to your letter of April 12th, in which you said, "I confess I like your style of writing. * * I shall be very happy to lay before our readers * * any other article which you should [think] proper to publish." The MS. was returned to me with your letter of April 29th, in which your harshest criticism of my article is as follows: "It is not only too personal, but contains language which must lead to

a personal controversy." I replied asking you to state the particular language objected to, which you had not done. You replied on the 6th of May, "I have not rejected your MS. and did not intend to do so. * * I will cheerfully mark the parts which may be objected to. * * The last few pages, in which you simply defend the Test, was certainly unobjectionable. * * I trust that nothing that has been said or done will alienate you from the journal, or deprive it of the services of your pen, which I have told you already is certainly capable of doing noble service to our school. With the assurance of my personal regard, yours fraternally, etc."

In selecting the above extracts from your letters, Mr. Editor, I have chosen your most severe opinions in regard to that same article, concerning which you now say editorially that in it I "attacked the editor of the HOMŒOPATH * * in such discourteous language," that in it were "rude, personal attacks," and that "such championship" will ruin the Milwaukee Test. Not a word in the article has been altered since you saw it first; hence I am at a loss to account for your change of sentiment concerning it. I returned it to you for annotation, for specification of the objectionable passages. Receiving no reply, I sent a copy to the editor of the *St. Louis Clinical Review*, who published it at once without cutting out a word. His opinion of it, therefore, does not agree with yours. You did not state the passages you found fault with; you have not done so now; but when the paper appears outside your journal, you stigmatize it in general terms of censure to the eyes of readers who have not seen it. This is in keeping with your course towards the Milwaukee Test. Declining to publish the proposition itself, you should have refrained from permitting any abusive strictures on it to appear in your col-

umns; and if such did appear it would have been only fair to permit a reply. You refuse to publish the Test, which you proceed to condemn and misrepresent editorially, and you give space to Dr. Pearson's abusive letter on the same. I reply to both. You refuse it, unless purged of its criticisms on your course; and when it appears in another journal, you and Dr. Pearson again come out in your columns in condemnation of it and the Test. The "attack," as you term it, was not unprovoked. It was a vigorous but temperate appeal from what I considered injustice on your part, and a comparison of your statements concerning the Test with the language of that proposition itself. I most strenuously deny the charge of having made "an attack" on you "in discourteous language," and for the third time ask you to particularize the offensive portions.

You have now published four or more severe articles condemning the Milwaukee Test. You have refused to publish the Test itself or my reply to the above-mentioned criticisms. You now publish another letter from Dr. Pearson, which has much the same tone as the first, a letter as full of misrepresentations, assumptions of superiority and discourtesy as it is possible for four pages of your journal to be. And yet you doubtless still hope that I will not be alienated from the journal. I shall reserve my reply to Dr. Pearson until I see whether you propose to deal fairly by me in this instance; simply quoting from his letter the best commentary possible to make thereon. He says: "Around this (his former open letter*) I describe a circle; let a desecrating foot but cross its limit, and I will hurl upon him the curse of Rome." This sentence well evinces his spirit, which bears all the earmarks of the same old inquisito-

* He may mean his idea of homœopathy. The sense is not clear.—(S. P.)

rial tendency which formerly hurled the curses of Rome from their seats of power at all who dared to dissent from the extreme views prevalent. This spirit of dogmatic intolerance, in a member of a so-called liberal profession, in free America, in the nineteenth century, is completely out of place; and any letter breathing such a tone is the very kind of controversialism which one might expect, Mr. Editor, from your last editorial, you would certainly exclude from your columns. That you have not done so is only another proof, with those I have above advanced, of your inconsistency in this matter.

Respectfully,

SAM'L POTTER, M.D.

Milwaukee, Wis., July 22d, 1879.

NOTE BY THE EDITOR :

We give the communication of Dr. Potter a place in our columns, not because we think it will be of interest to our readers, but simply to show the Doctor and his friends that having admitted Dr. Pearson's letter, we have no idea of showing partiality to either side.

But the Doctor is mistaken, when he claims that the language in our letter to him, as quoted above, gave him a *right* to think that we knew that Dr. Pearson's letter had been published in the *Hahnemannian*. The words "Dr. Pearson's article had been received in manuscript and set up in type before the *Hahnemannian* came to this office," would convey to any unprejudiced reader the idea that it was *not* copied from the *Hahnemannian*, particularly when these words were written in reply to the charge that the letter was copied from that journal.

The personal letter to the Doctor, as quoted by him, does not clash with our editorial remarks. We still acknowledge

that the Doctor is a good writer, and his articles are always acceptable when they are free from personal abuse.

But the article which we received as a pamphlet, without a line to indicate it as a reprint from a journal, and which *we had never seen before printed in any journal*, contains precisely the language to which we objected as unprofitable, and sure to lead to controversy tainted with personalities, disagreeable to almost all readers. The result proved that we were right.

When we wrote to the Doctor that we would publish his article divested of the objectionable personalities, he replied that we should mark the objectionable passages in the margin of the manuscript to be sent to us. *We never received that manuscript.*

We will only add now that the rule we have laid down for the republishing of articles is simply this: We will not republish anything that comes to us in pamphlet form unless we deem it of paramount interest to our readers, and when we select from our exchanges it is only with credit given to them.

Finally, the test question we deem not of sufficient interest to our readers to permit it to occupy our pages, and thereby exclude or postpone articles which convey instruction. We will soon close our pages to both sides of this unprofitable contest. As a true and unsectarian Homœopath, we hold that every member of our school, when joining it, has at the same time freed himself from the thralldom which the hitherto sectarian Old School had imposed upon its disciples, and while he believes and acknowledges that the therapeutic law, *similia*, is *paramount in the treatment of all dynamic diseases*, he is nevertheless the sole judge, when other than dynamic disorders claim his attention, what means or remedies he should use, and he is also the sole judge as to what potencies or forms of medicine he should use, without being re-

sponsible for it to any self-constituted tribunal.

We have stated this more fully in "The Sphere of Homœopathy," published in the February number of this journal.

When a physician has thus freed himself from all sectarian thralldom, he can well afford to let each one of his colleagues do the best he can for his patients in his own way, without quarreling with him about his mode of doing it.

The greatest number of cures wrought by any mode of treatment will, after all, be the only test by which the world will judge a system or a practitioner. Instead of quarreling about airy nothings, let us prove by the results of our labors which has done the most good.

PUBLISHERS' DEPARTMENT.

A preparation which is composed of pepsin, pancreatine, diastase (or vegetable ptyalin), lactic and hydrochloric acid, and sugar of milk, has already acquired an enviable reputation, both in this country and abroad, in the treatment of many forms of dyspepsia, and in digestive troubles in children. We have used it in a number of cases, and its use has, in our hands, been invariably followed by good results. Many practitioners use pepsin; but in this preparation we get not only the pepsin, but also several other substances of great, if not equal importance in aiding the digestive process.

Not only do men like Loomis, Sayre, Percy, Packard, Meigs, Dawson and Yandell recommend it, but the entire mass of the profession, as far as they have tried Lactopeptine, seem to approve of it as well.—*Ohio Medical Recorder*, Columbus, O., January, 1879.

The best argument in advocacy of any special preparation is the extent and regularity of its sale. A visitor to the laboratory of Mr. Chas. H. Phillips will have no difficulty in arriving at the conclusion that his excellent preparations have achieved a wide-spread popularity. The manufacturer of Milk of Magnesia, Phospho-Nutritine, in combination with Cod Liver Oil, and Phospho-Nutritine, credits his success to this mode of introducing these remedies, which is to secure a single trial, knowing that one experience will convince the physician prescribing the preparations of their efficacy. Any who are not already familiar with these articles will not regret an investigation. In cases of atrophy and other wasting conditions of the system it is highly recommended by many physicians of our acquaintance.

We are frequently in receipt of inquiries desiring information as to dealers in Vaccine Virus, whose is the most reliable, etc., etc., and we take this public means of replying that all who have used the article sold by Codman & Shurtleff, of Boston, Mass., are unanimous in their commendation.

The Homœopathic Journal of Obstetrics and Diseases of Women and Children, for August, is one of the most valuable contributions to recent homœopathic literature. Its pages are filled with the best thoughts of our eminent teachers, and this number alone will well repay the investor for a year's cost.

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LOCAL PERSPIRATION.

BY

A. R. THOMAS, M.D., Professor of Anatomy, Hahnemann Medical College, Philadelphia.

Perspiration, even when normal in its character, rarely appears with equal freedom in all parts of the body. It is usually more profuse, and more easily excited in the face, next on the trunk, and lastly on the extremities. Some persons, however, rarely perspire in the face, while they may do so freely on other parts. With others the hands or feet, or both, may show an unusual activity of the function. Usually the secretion appears with equal freedom on lateral symmetrical portions of the body, while it may be copious on the upper portion, with little or none on the lower, or *vice versa*.

Instances of *irregular* or *local* appearance of perspiration are occasionally met that are irregular in character and

not easy to understand. Thus, the secretion may appear on one side of the head or chest only, or one entire lateral half of the body may perspire freely, while the other remains quite free from moisture. The following case of local perspiration is unlike any before brought to my notice, and is certainly very curious:

Miss L., aged about 28, of a nervous bilious temperament, thin in flesh and dusk complexion, has, for the past eight years, been subject to a remarkable perspiration of the *left hand*. The whole hand, however, is not involved in this peculiarity—only the ulnar border, with the ring and little finger, being thus affected. The perspiration from these parts appears to be unin-

fluenced by temperature or exercise, appearing with equal frequency and freedom in cold weather as in warm, in the day-time as the night, during rest as in exercise.

Again, the secretion may be moderate, but is generally very profuse in amount, accumulating in large beads of perspiration, and even dropping from the ends of the fingers. Gloves and handkerchief are rapidly saturated, and when occurring at night, a wet spot will be found on the sheet or pillow, where the hand happens to be placed.

The attacks of perspiration are accompanied with a sensation of great heat, with smarting, pricking and tingling in the part, with a pain that extends to the elbow. This pain may precede, accompany or follow the outburst of perspiration, which is usually sudden in its appearance, but generally lasts but for a few moments. After an attack the hand is very weak, with a sense of numbness in the ends of the fingers. The left arm frequently "goes to sleep" in the night, as do both arms if placed over the head, this condition being followed by much pain in the arms. The lady is subject to occasional severe neuralgic headaches, suffers from constipation, torpid liver, piles, and many dyspeptic symptoms.

The following record, furnished by the lady, will give a good idea of the features of this case:

May 13th.—Very bad attack at 12 M. Lasted seven minutes. Saturated a handkerchief in wiping it off. At 12½ P. M., slight return, with much

heat. Light attack at 5 o'clock; pretty bad one at 8, and another slight one at 9½ o'clock.

May 14th.—Only a moisture came twice during the day; a great deal of pain during the night.

May 15th.—Two attacks only, at 9 and 10:30 P. M. Not much pain at the time, but bad pain at night.

May 16th.—Very bad attack during the night; wet the sheet where the hand laid.

17th.—Two or three moderate attacks during the day. Left arm got dead asleep at night.

18th.—Bad attack at 6 P. M. Hand dried off, and moisture came out again at 6:20 and 10:30 P. M.

In looking for a solution of this and similar cases, we are to remember that the action of the perspiratory glands may be influenced by a variety of stimuli. First, variations in temperature. Second, exercise. Third, peculiar conditions of the nervous system. Thus, under the influence of fear, anger or other violent mental emotions, one may break out into a free perspiration. Again, the peculiar sympathetic relation between the nerves of the stomach and the skin is such, that when the former are influenced by certain substances, especially nauseants, the glands of the latter are excited to increased activity. Severe pain also, and especially pain connected with the alimentary tract, is liable to induce more or less free perspiration.

In the case of this young lady, it is evident that the peculiar perspiration of the hand has some relation with a mor-

bid condition of the ulnar nerve. The seat of the pain was along the course of this nerve, and the perspiration from the area of distribution of the terminal filaments. What the peculiar condi-

tion of that nerve may be, or how or why it should influence the action of the perspiratory glands, I shall not attempt to explain.

COLCHICUM IN AUTUMNAL DYSENTERY.

—

H. C. ALLEN, M.D., Detroit, Mich.

Read before the Michigan State Homœopathic Medical Society.

I have often verified symptom 332 of *Colchicum* in Allen's Encyclopedia, and consider it of sufficient prominence to be printed *entirely* in "small caps," instead of italics. To me it is a "key-note," or "guiding symptom" of great value, and we cannot have too many of this kind, nor follow them too closely after we get them.

In the autumn of 1866 I came in contact with an epidemic of autumnal dysentery, which covered an extent of country three miles in one direction by one to one and a half in another. I had frequently heard of its terrible fatality under Allopathic treatment, and was somewhat curious to see what effect our Homœopathic remedies would have on the unwelcome visitor. The last week in September I was called to a family in which one child was dead in one room, another died under my care in another room before morning, and there were three more patients in the house, all very sick, and all apparently going the same way. The attack began by great weakness; child was tired; wanted to lie down; loss of appetite; vomiting of a dark-colored mucus; and

a terrible, sharp, spasmodic pain in lower abdomen, evidently confined to the small intestines. Soon a watery, thin, brown, offensive diarrhœa set in, *with no relief of pain*, followed by mucus and blood, with moderate tenesmus and thin shreds of mucus; urine dark and scanty; intense thirst; and later in the disease occasional vomiting of a substance resembling that passed at stool. At first there was only a moderate degree of fever; pulse 100 to 105; temperature not taken. As the disease progressed all the symptoms increased in severity, and seemed to assume a typhoid form after the second or third day. I was certain at first that *Arsenicum* was the remedy; but in this I was mistaken. Neither *Col.* nor *Nux* relieved the abdominal pains in the slightest. It was not a *Mer. Cor.* dysenteric tenesmus; and I began after sixty hours of treatment—in which I studied the cases carefully—to despair of any better success than attended the efforts of my Allopathic predecessors. I however took my *Mat. Med.*, went back and stayed all night, determined to cure those cases if possible. My

patients were worse, much prostrated by the continuous pain and rapidly failing. The night was cold, and the kitchen stove (the only one in the house in summer) had been removed to a small out-house several feet from the residence. On inquiring the cause I was told "That they had to move the stove out of the house, because *the sick could not bear even the smell of the cooking; it increased the vomiting so much.* The doctor had advised its removal." Here, I thought, was the *key* to my remedy, and immediately Nux Vom. was "interviewed"; but a more careful comparison of the symptoms revealed Colchicum with its clinical verification as a remedy for autumnal dysentery. I had never thought of it in dysentery, where the characteristic *white shreds* were wanting, but Colch. 3 promptly relieved my cases, and I had no further trouble during that epidemic, Colch. relieving almost every case. The characteristic symptoms are, "*He has appetite for different things, but as soon as he sees them, or still more smells them, he shudders from nausea, and is unable to eat anything.* The smell of broth nauseates him, and that of fresh eggs almost makes him faint; aversion to food and loathing, with shaking when merely looking at food." I have often given the remedy for that symptom since, in course of many acute diseases, with prompt relief.

Since writing the above, in which I made a discovery (to me) of a *key* for Colchicum (which I have often verified since in many diseases), I have received the last volumes of the "Transactions

of the New York State Hom. Med. Society," in one of which appears the following cases, illustrating and verifying this characteristic of Colchicum, by Dr. Brown, of Binghamton, N. Y. The doctor aptly says, "If we can remember a single verified symptom of a well-proved remedy, not found in the proving of any other remedy, we are well prepared to battle with disease."

"Mrs. M., age 47, of nervous sanguine temperament, mother of six healthy children, on the 7th of October, 1875, after eight or ten days of loss of appetite and general lassitude, was taken with spasmodic pains in the lower abdomen: bloody, thin, mucus stools, intermitting with brown, watery stools, very offensive and at times very profuse; intense thirst; fever, chills, and dark scanty urine. In the brown evacuations were observed several small, red, fleshy looking substances. Once or twice a day she would vomit a watery mucus resembling that passed from the bowels; great exhaustion; dry, short cough and bloating of the hands and feet commenced about November 1st. The above symptoms continued much the same until the fifth of December, when, visiting her that morning, a circumstance led me to select the remedy she needed."

"While endeavoring to form a better idea of the true remedy—as I had given her several without the proper result, and had begun to think I should fail in her case—she spoke to one of her daughters, saying, 'I wish you would shut the kitchen door; the smell of the fish you are cooking is so offensive,

it nauseates and makes me feel so faint.' At once I was reminded of the symptoms so characteristic of Colchicum. 'The smell of fish, eggs or fat meat caused nausea even to faintness.' I gave her a dose of Dunham's, 200, each day for six days, with the most satisfactory result. She did not need any other remedy. In two weeks she was well, and has remained so up to date."

"Another confirming test of this characteristic symptom of Colchicum has been afforded me in a similar manner in the same family."

"On the 21st of September the youngest daughter, aged seven years, was attacked by intense pain in the upper portion of the small intestines, not continual, but intermitting; constipation and fever; thick, yellow coating on the whole surface of the tongue, and great and constant thirst, with vomiting of watery mucus; very offensive breath; restlessness and loss of sleep; abdomen distended with gas. For three or four hours each day both cheeks were extremely red, the redness being distinctly circumscribed and alike on each cheek,

with a very marked paleness about the nose and mouth. At 12 o'clock on the sixth day of the attack, while studying a change of remedy at her bedside, she says, 'Mother, I wish you did not have to get dinner; it makes me feel so bad when I smell it cooking.' I gave her Colchicum, 30, to be repeated every three hours until I called at 10 P. M. She did not vomit after the first dose; her pains gradually disappeared, and that night she had four hours' good sleep. No return of the fever; appetite restored and the smell of cooking food no longer disturbed her. For the extreme state of exhaustion, I gave her milk and whisky in one mixture, 4 or 5 teaspoonfuls every two hours for 36 hours. The next P. M. she had a dark but otherwise natural stool, the first one of any kind in ten days. Her recovery was more rapid than any case of enteritis I have ever met with in my practice. In her case the upper portion of the bowels was the seat of the inflammation, and hence the constipation, and not the Colchicum diarrhoea symptoms, and many others sufficient to aid in choosing the correct remedy."

ACTEA RACEMOSA OR CIMICIFUGA.

17

S. SEWARD, M.D., Syracuse, N. Y.

Read before the Central N. Y. Homœopathic Medical Society.

The brain and nervous system are first affected by Cim. It produces a general feeling of illness, nervous weakness, uneasiness, restlessness, weak and trembling, exhausted feeling; easily fat-

tigued; miserable dejected feeling; tremors; desire to lie down and close the eyes; feels very tired. A bruised, sore, stiff feeling. A nervous trembling *sensation*, and also trembling, like delirium

tremens. Impaired vision ; pupils largely dilated ; black specks before the eyes.

Miserable dejected feeling of the mind. Feels grieved and troubled with sighing. There are many and severe head symptoms. A heaviness and fullness of the head ; dullness and vertigo ; pains in forehead, vertex and occiput, eyeballs, face and jaws of a neuralgic kind, relieved by the open air.

It is said to apply to nervous, rheumatic and menstrual headache.

It has pressure on vertex down to occiput and neck ; pain from eyes to top of head ; pain extending from the right eyeball through to right side of occiput, affecting the ear. Brain feels too large for the cranium. Brain feels compressed. Pain very oppressive and intolerable, relieved by Bryonia.

Hale says Cim. "has cured a headache with severe pain in eyeballs, extending into the forehead and increased by the slightest movement (Bry.) of the head or eyeballs, also dull pain in the occipital regions, with shooting pains down the back of the neck."

Redness of face and eyes ; eyes feel as if swollen ; severe coryza, fluent of white mucus, frequent sneezing, soreness in throat, etc. ; severe pain in lower jaw, left.

Offensive breath ; spitting of thick saliva ; faintness and sensation of emptiness of stomach ; no appetite in morning.

These stomach symptoms from females. Many severe diseases are reported as cured by this medicine.

Chorea, cerebro-spinal meningitis,

spasms, severe cases of dysmenorrhœa and some of long standing.

Amenorrhœa, suppression of lochia, melancholia, hysteria and mania. Dr. Hale cites many cases of chorea cured by Cim. ; although these cases were some of them cured by crude doses, yet they seem to be genuine cures. Let us try Cim. in potencies, and find out if we can cure without the Allopathic doses of the *Eclectics*.

One boy cured by teaspoonful doses of the pulverized root—9 doses.

A female, 19, cured by same doses, of very severe chorea in twelve days. And doses of 5 and 10 gr. cured ; one case there was no improvement for a week. 5 grains every 3 hours, then began to improve and recovered. Cim. is undoubtedly most useful in derangements of females.

Dr. C. Baker gives a case of suppression of lochia with rush of blood to the head, sensation as if she would go crazy and an inclination of the head forward, cured in two hours by Cim. 3*℞* once an hour.

Dr. Geo. B. Palmer reports, in State Transactions, that he uses Cim. considerably in spinal irritation, cerebro-spinal meningitis, delirium tremens and rheumatism, also in various female complaints, amenorrhœa, menorrhagia, leucorrhœa, etc., also in false pains before labor ; in threatened abortion, he thinks he has prevented it by this remedy. The particular symptoms in these cases of abortion would be cold chills during the day, perhaps for several days, with prickling sensation in mammæ. Suppression of the *lochia*

from cold and mental emotion, where uterine spasms occur, with headache and delirium, will yield to this remedy.

Dr. Searle, of Troy, says, I was led to employ this remedy empirically, in my second case of cerebro-spinal meningitis, by the complete failure of every other remedy to control the spasms, which still continued after the inflammatory symptoms had subsided; during three weeks the spasms had reigned supreme in the most terrific forms (lady, 30).

Alternate tonic and clonic convulsions; no sleep or rest; stomach rejected all food. Inferring the sphere of Cim. from its power to control chorea, I determined in despair to try it. It at once subdued all spasmodic action and a speedy convalescence followed. In speaking of the pathogenesis of Cim., he says, the prostration and irritability of the cerebro-spinal nerves plainly point its homœopathic relation to the later stages of this disease. The intense throbbing pain, so frequently complained of by patients suffering with this malady, and which is described as being like a bolt driven from the neck to the vertex with every throb of the heart, it promptly relieves.

Hale says, "Like Bryonia, Cim. exercises a special control over inflammation of serous membranes. Allen says it *does not affect serous membranes*. But though inferior in this respect, it is far superior to that drug in its influence on nervous tissues: Bryonia does not cause rheumatic neuralgic pains, while Cim. does, in an eminent degree. Bryonia has no influence over reflex nervous

pains, cramps, etc., while Cim. controls many such abnormal manifestations."

Dr. B. D. Hunt, New York, gives some cases treated with Cim. of cerebro-spinal meningitis. In severe cases, cold and prostrated, blue, etc., he gave Carb. of Amm. and brandy, first, until reaction and warmth, then commenced giving Cim. from sol. of tinct. in water, from one to two hours, with slow recoveries, and sometimes followed by other remedies.

Cim. is said to cure menstrual colic.

Dr. Wm. Tufts, of Newark, N. J., in Invest., gives cases treated with Cim. tinct. in solution in water.

CASE 1. Melancholia; lady, aged 40; bil. temperament; married, has children. Three months before I saw her a cloud of melancholy had settled down over her, to remain in spite of all efforts to dispel the gloom. Change of scene nor resort to diversion, had any good effect.

She could give no account of her symptoms. They had come without a cause, she said; she looked disconsolate and wan.

Cim., 3 drops in a little water, three times a day, soon cured her.

2. Case of puerperal *hysteria* and *mania* cured by Cim., 5 drops in half a glass of water, a teaspoonful every fifteen minutes, less often when better. Menstrual flow came on and she recovered. Continued the medicine from the 10th of July until November.

3. Case, amenorrhœa; unmarried; black eyes, dark complexion, with varying chlorotic hues; at uncertain times

cold fingers, with blue nails; spells of physical weakness, palpitation of heart and panting with exercise; melancholic, feels forsaken; menstrual flow absent six months or longer. Cim., 3 drops in a little water, three times a day. Menses returned in twenty days and she was well.

4. Case, amenorrhœa; married, one child; aged 30; dark eyes and complexion; small and spare; easily exhausted by exercise, with palpitation and panting; absence of menses four years, during which period a child was born. Vicarious menstruation from the lungs, at uncertain times; despondent. Cim., 3 drops in a little water, three times a day; in 12 days return of menses, became very well in a few weeks.

Dr. Hoyt, Westchester, has said something of Cim. It has been used successfully in intermittent facial neuralgia. Pain during some part of the *day-time*, quiet at night; uses it in water.

Also in rheumatism, when the fleshy portions of the muscles are affected and when the heart is involved, it relieves and cures.

In dysmenorrhœa, with nervous headache, great irritability, severe pain in back and the occiput, the hips, which passes down the back of the thighs (Puls. in front), *chilliness* precedes the discharge and continues until it is well established; the flow is scanty and slightly coagulated in persons who are disposed to rheumatism, or who are inclined to be irritable, peevish and low-spirited. Good in after-pains, when there is too great sensitiveness to the

pains. Cim. has constant pain (Belladonna the pain intermits).

Cim. has small clots (Belladonna larger).

In suppression of lochia, watery, mixed with small clots; she dislikes to be moved; the least noise aggravates her sufferings; uterus does not seem to contract properly, and great tenderness on pressure.

Cim. has cured several cases of headache where there was pain on right side, back of orbit; the pain is intense and may be described as agonizing. Dark spots before the eyes, often stiffness of neck, with nervous irritability; moans.

Cim. is one of the medicines used to make labor easy. It may be used for two or three weeks before labor, when there had been dysmenorrhœa (spasmodic) or menstrual colic before pregnancy, and in labor if rigid os uteri or spasmodic pains; 30th Caul. may be used before labor when there are false pains, and the patient not irritable and nervous, 2d or 3d—10 drops morning and evening. I have used Caul. occasionally for 8 or 10 years, and sometimes I thought with good effect. The Cim. I have not used much.

Dr. S. Lilienthal gives a case in verification of symptoms of Cim. A girl; the patient suffered with dysmenorrhœa, relieved by a walk in the open air, and suffered severely if prevented.

After marriage she had severe labors. She took Cim. 3d in solution for dysmenorrhœa, a tablespoonful once in two hours for twenty-four hours, and produced a good verification of the

provings of this drug. Congestion to the head and lungs, *palpitation* of heart, heavy throbs in the heart, though the pulse was small ; sighed frequently ; her head feels as big as a pail and as if her

eyes were bursting from their sockets ; can hardly see ; both knees feel bruised as from a fall ; she cannot move them without pain ; better after exercise.

PLACENTAL ADHESIONS.

W. P. ARMSTRONG, M.D., Lafayette, Ind.

It has been my fortune, in a practice of something over a dozen years, to meet with rather more than my share of placental adhesions, and with these there has been more or less tendency to what are called "hour-glass contractions." Yet I would not have it understood that to meet with an adherent placenta is an every-day occurrence with me. I have seen three cases in the last four years, and one of these did not occur in my own practice.

I once mentioned the matter to a so-called "regular" physician of experience and reputed learning. He seemed to think the fault lay more with me than with my patients, and assured me that he had never had a case of hour-glass contraction, nor a case in which there was any considerable adhesion. This he attributed wholly to his skill and care in pressing well down upon the fundus during the last pains and after delivery. Now this has been my uniform practice. I so assured him ; but he still thought there was something wrong. Not long after he and a brother practitioner had a case in which a young girl was delivered of a child at full term with some little difficulty, following

which the placenta refused to come away, and there was consequently considerable hemorrhage. In talking with the doctor the next day, I asked him why he did not take away the placenta. His answer was that it could not be done without killing the patient. She died, however, in about thirty-six hours after the birth of her child, the placenta still remaining. In what manner she died I do not know.

The point I wish to make here is this ; that the pressure upon the fundus is not always adequate to throw off the placenta and prevent an hour-glass contraction. What it may be able to do is, by diminishing the length of the uterus, to prevent its complete contraction until that contraction has broken up the placental adhesion.

As long as a large portion of the placenta is still adherent to the fundus, it must remain in the upper portion of the uterus, and the uterine walls, being unable to contract over the adherent portion, can only double themselves around it by a contraction of the circular fibres, the organ thus dividing itself into two chambers by what is called the hour-glass contraction. I can conceive

of no other hour-glass contraction than that caused by a placenta adhering over a large portion of its surface to the fundus; nor can I conceive of a uterus being thoroughly contracted in the free portion, the placenta still remaining adherent over a large portion of the fundus, without its assuming something of the hour-glass form.

When only a quarter or a third of the placental surface is adherent, the rest being thrown off by the uterine contractions, it is different. We then have the detached portion partly occupying the lower segment, and, if there is anything like a firm contraction, it will be found rather loosely embraced by that portion of the womb, while its centre is more or less tightly clasped by a firm ring formed by the constricted centre of the uterus. If it is very tender, it may be almost cut in two by the violent cord-like pressure which it has undergone, as I found it in one case. Here, as where the placenta is contained entirely in the upper segment, after introducing the hand into the lower cavity, and following with the fingers the course of the umbilical cord, it will be found that there is scarcely room to pass a single finger through the constriction; but slowly and very gently one finger after another may be introduced, until the whole hand is in the upper chamber, when the mass may be slowly and carefully loosened by a slight scratching motion, gradually insinuating the finger ends between the placenta and the uterine wall, but always remembering, if it is very closely adherent, that it is much better to leave a little portion than to injure the

mother by taking too much. In this way I believe that every adherent placenta may be removed, and if done in time, before there is too great loss of blood, without danger of death from shock.

When only a very small portion, as only a single lobule, is adherent, it is still different. Here we have no hour-glass contraction, properly so called, but instead, the uterus is contracted more or less closely around the main body of the placenta, while the adherent portion, with a little immediately contiguous to it, is often contained in a small pocket, perhaps no larger than an ordinary pear. This pocket is not always present in such cases, its presence depending upon the energy of the uterine contraction. It will not be difficult to find, although the cord is not likely to lead into it. Here, the hand being in the main cavity of the uterus, only one or two fingers may be introduced, and the adhering portion carefully loosened and taken away, when the pocket is likely to disappear of itself, although it will do no harm to assist it a little by gentle outside pressure. It may of course be found to be either anterior, posterior, or right or left lateral, according to the location of the adhesion.

We sometimes hear of a physician having unwittingly left a small portion of the placenta within the uterus, and of its having come away of itself, after one or more days of severe after-pains and hemorrhage, and perhaps worse. In my opinion, the small portion so left has been in nearly all cases contained in one of these pockets. The placenta

may have been so tender that the very slight traction made upon the cord in delivering it may have torn off a small portion without even giving rise to the sensation of crepitus; or it may even have been torn off without any traction being made, merely by the natural expulsive efforts of the uterus. For this reason the placenta should always be very carefully examined after delivery, in order to see that it is entire. If any portion is missing, it should be found and brought away.

Various opinions are entertained by different obstetricians as to how long to wait before delivering the placenta. Should it appear well down next the os, we may be quite certain that but little if any portion of it is adherent. In this case a little gentle traction upon the cord, with a little outward pressure on the part of the mother, even in the absence of any pain, is sufficient to bring it away, although if everything seems to be going on naturally it is better to wait a reasonable length of time for a pain. If, on the other hand, it cannot be reached with the finger, we may know that it is still adherent. The rule by which I am then governed is this: If there is violent hemorrhage, which cannot be readily controlled, I introduce the hand and deliver at once; but if the hemorrhage is only slight, I wait longer, and try to induce sufficient pain—should that be lacking—to throw off the adhering mass. If there is no hemorrhage, I am content to wait one hour before introducing the hand within the uterus.

Just how much *Pulsatilla* can do in

these cases it is impossible to know, but I have obtained good results from its administration in some instances. It no doubt has the power to correct uterine inertia, and irregular and inefficient contractions, and hence may aid us when the adhesion is not too firm; but it certainly cannot do everything, and I should not consider it safe to wait too long for the action of this or any other remedy. I believe that no mother should be left by her physician until the placenta and membranes have come away, and that the physician should always be present when the separation takes place; for where adhesion is present this separation is much more likely to be followed by hemorrhage than in a case in which the placenta is readily thrown off.

Etiology.—Cazeaux thought that placental adhesions were caused by “fibrofatty degeneration and atrophy of the villi of the chorion, and of the cotyledons which they form.”* A more popular, and in my opinion much more rational view, is that they are the result of inflammation of the uterine walls during gestation, which inflammation is terminated by the effusion of plastic lymph. In support of this view many cases might be cited from my own experience and that of others; but to save words I may say that in nearly every case with which I have met, when informed as to what part of the uterus the placenta was adherent, the mother has remarked that that was just where she

* A bright star of the genus *Physio-med.* thinks they adhere in consequence of being left in so long that they grow fast.

had experienced so much pain and soreness during the past months. The adhesion has sometimes taken place at a point where a blow has been received upon the uterine tumor, as in falling. In one case in which the placenta was adherent throughout its entire anterior half, the woman's occupation had been that of carpet weaving, and the upper portion of her abdomen was constantly brought into more or less painful contact with her work. While I would not have it understood that I think that every case of pain and tenderness of the uterine tumor, or even of uterine inflammation during pregnancy, should be taken as a precursor of placental adhesion, yet I believe that every case of placental adhesion has been preceded by more or less uterine inflammation at the point at which the adhesion is found.

Now if etiology is of so much value to us in other affections, why should we not avail ourselves of it here? Might not the timely administration of the proper homœopathic remedy, when this

pain and soreness are complained of, remove the inflammation and prevent an adhesion? It seems to me that the greatest difficulty would be to get the case in time, for the prospective mother would not be likely to present herself before it was too late, if at all; but should she do so, I would suggest the following remedies:

Arnica, both externally and internally, if the part feels bruised. All pressure upon the part is painful. Every motion hurts, especially if it can be traced to a bruise or strain. Belladonna. Cerebral symptoms predominate; severe frontal headaches. The inflamed part is hot and painful to the touch; throbbing pains; pain comes on suddenly and goes off suddenly. Bryonia. The pain is aggravated by pressure, but more especially by motion and by taking a deep breath; considerable debility; thirst for large quantities of water; constipation; unnatural distension of the abdomen; bloated feeling; stools large, hard and dry, as if burnt.

ALLIUM CEPA—COMMON ONION.

BY

WILLIAM WRIGHT, M.D., Brooklyn, E. D.

While the bulb of *Allium Cepa* has long been known and used, both as an article of diet and a medicinal agent in domestic practice, it is very certain that its full curative powers have never been and are even now but little understood or appreciated by the medical profession. Few men or women, it is true,

have grown up to man or womanhood without having learned that "onions are good for a cold," and that "the juice of roasted ones are a sure cure for the earache." But still, as a reliable medicinal agent for the cure of any serious disease, few seem to have justly appreciated it. Dierbach says that onions

have often been recommended as “an article of diet,” or “an external emollient,” yet “they are rarely used as a medicine.” But while our Allopathic friends may well be excused for neglecting this valuable drug in the treatment of disease, in any other capacity than that of “a placebo of domestic practice,” such is not the case with our Homœopathic fraternity! We profess to be governed, in the selection of our remedies, by this law of similars, and to accept that as “the best curative agent, for the removal of any disease, whose pathogenetic powers shall most resemble the symptoms of that disease which we wish to cure.” And who among us does not know that the onion possesses, in its crude state, the very simillimum of the tangible manifestations of several of the diseases, in their acute form, which we most frequently meet with in this changeable climate of ours, and in a most eminent degree? And yet, notwithstanding this, who, among all our school of practice, seems to understand or to appreciate its virtues, in any form, in the treatment of disease, or to have ever recommended or relied upon it, even in that form of ailment which may well be called “the disease of our climate,” although all may know that it presents, in its pathogenesis, the very simillimum of that form of disease?

From my own observation and personal knowledge, I am forced to the conclusion, that while the drug is now attracting more consideration among some of our medical writers than formerly, yet there are few articles, in our whole curriculum of medicinal agents,

whose virtues are less understood, more lightly appreciated, or more generally neglected as a remedial agent, than the *Allium Cepa*! This is the more remarkable when we remember that its *common* pathogenetic powers are much better known, distinctly marked, and frequently demonstrated in our kitchens, than any other medicinal agent. It is very possible that our familiarity with its pungent and not very agreeable odor may be one reason why its virtues have been so little studied, and yet I submit that this quality constitutes a chief reason why its virtues should have been early investigated, and now well understood.

If there be any truth in that axiom of our school upon which our whole system of therapeutics is founded, viz., that “the curative virtues of medicines depend solely upon the resemblance that their symptoms bear to those of the disease we wish to cure,” then no article in the whole range of medicinal agents would seem to be more naturally suggested to the mind of a homœopath than that of the onion, in every case of catarrh, catarrhal fever, or the incipient stages of rubeola or measles. Yet who prescribes it? or what author, in any of our standard works, recommends it? I have examined several such works, and yet I fail to find one of them who even so much as names *Cepa* as among their possible remedies!

Without stopping here to enumerate all the known pathogenetic powers of this drug—even as demonstrated by every cook and kitchen-maid in the land—or to determine for just how many

or upon what part of our physical organs it may have an especial affinity—it is sufficient for my present purpose to say—as any one may readily determine by peeling half a dozen fresh ones—that it acts primarily upon the mucous membrane of the nose and eyes, leading to a very prompt and vigorous discharge of a muco-watery discharge from both, accompanied with violent sneezings, some cough, a feeling of tightness at the root of the nose, and a general *malaise* or sense of discomfort throughout the entire system.

And now what are the ordinary or characteristic symptoms of catarrh, coryza or common cold? “Dull and heavy feeling in the head, lachrymation, sense of fullness in the region of the frontal sinuses, profuse watery discharge from the nose and eyes, rapid and painful sneezing”—in fact, in some of its stages, the very simillimum of the symptoms produced by the inhalation of the vapor of raw onions! How does it happen that so many of our school have been running wild after *new* things, as though we had not already too many medicaments, until what we have are better understood—astonishing the world with their wonderful discoveries of the *hidden mysteries* of the “bed-bug,” “wood-louse” and “sow-bug;” that nobody has seen fit to institute new and more intelligent provings, in order more fully to develop and determine the real virtues and medicinal powers of many of the old, but in these days of new things almost forgotten, remedies?

I have heard of men who “stood up

so straight that they were very much in danger of falling backwards;” and so I fear that it has been with too many of our young aspirants after immortality. They have been so fearful of the charge of “old fogysm” that they have entirely discarded all the old, active, but not too well understood medicaments, in their pursuit after something *new*, greatly to the injury and often to the discredit of our profession. Solomon could hardly have been a physician; for in view of the fact that “bed-bugs,” “wood-lice” and “skim milk” have been found so remarkably efficacious in the treatment of disease, he would hardly have risked his reputation for *wisdom* by declaring that there was “nothing new under the sun!!” As Galileo said, after his compulsory retraction of his so-called heresy, “*the world does move, anyhow!*” And so we may say, after some of these modern discoveries in medicine, there *is* “something new under the sun,” Solomon to the contrary notwithstanding!

But to return: From a practice of over forty-six years—the last twenty-six or more of which have been in accordance with the law of *similia similibus curantur*—I can truly say that I have never found a drug more perfectly demonstrative of the law of our cure, nor one that I would more readily take as a type of that law, than the common onion.

For the last twelve or fifteen years it has been my main reliance in the treatment of all cases of coryza or catarrhal affections; and from the results of such treatment I am prepared to say that

there is no single article in the whole round of our *Materia Medica* more certain and reliable for the prompt and effectual cure of all those cases of which it is so palpably pathogenetic or homœopathic than this same *Allium Cepa*. It occupies the same relation in my *Materia Medica* to all catarrhal affections, in their incipient stages, that the sulphate quinine does in the mind of the Allopathist in the cure of intermittent fever—but with this difference—that whereas *sul.* quinine will sometimes, perhaps I ought to say very frequently, fail them, *Allium Cepa* never does, or has me, when given in the incipient stages of these diseases.

But its value is not lost or its virtues exhausted when sneezing and coryza have ceased; for it may still be continued with good effect until all the secondary symptoms have disappeared. Occasionally a dose or two of *Stibium* may be found necessary to finish up the cure, but not always.

My method of preparing *Allium Cepa*, is first to make a saturated tincture of the bulb, bruised and covered with alcohol. This, after eight or ten days, may be reduced to the 3d centesimal, using diluted alcohol for that purpose, and may be given in drop doses on the tongue, frequently repeated. The exact attenuation I care little for, provided that a distinct but faint oniony taste or smell remains. The 30th possibly might do just as well as the 3d; but as I have always found the 3d prompt and effectual, *and have never met with any very serious or dangerous "aggravations"* from this attenuation, I have con-

tented myself with the use of this form, without wasting much time in experimenting to see with how near nothing I could accomplish the same result. But here you will pardon me for adding—for I propose to furnish a practical, rather than a strictly scientific paper—a case in illustration. It has been my misfortune in life to have been peculiarly and specially the subject of frequent attacks of these catarrhal affections, which, after two or three days of almost constant sneezing, accompanied with such a profuse watery discharge from the nose and eyes that a rapid succession of pocket-handkerchiefs were required to meet the constant demand, and almost entirely to unfit me for any kind of business, generally ending in a severe and deep-seated cough, which at one time threatened to end in consumption. For these attacks I usually resorted in early life to the various remedies of the old school, but never with any very satisfactory results. Since my adoption of the homœopathic system of practice I have made use of such remedies as are recommended in our books, as *Ac.*, *Nux*, *Sambu.*, etc., etc., but while receiving some benefit from all, none of them wrought that prompt and effectual relief or cure which I thought I had a right to expect from homœopathy.

But having some years since determined to "pin my faith," even in homœopathy, "upon no man's sleeve," nor to take the *ipse dixit* of any one, unless it should be founded upon the immutable laws of our cure, I sought to find for myself that remedy whose

pathogenesis best corresponded with these attacks. And I need not say that my study was not very long. My previous practical knowledge of the onion, as I had met with it in every-day life, suggested it to my mind at once as *the* appropriate remedy. I immediately set about making my first preparation; and for the last twelve years or more that preparation has been my remedy both for myself and my patients, *and it has never failed me!* It is purely homœopathic to such a form of disease, and if there is anything in our law of cure, I had no right to look for any other result. For many years, therefore,

I have found this remedy not only so prompt and efficacious in the cure of these attacks upon myself, which were formerly so much dreaded, that they are now disarmed of all their terror—and so completely does its use seem to have revolutionized my “habit of body” that I now rarely have an attack, however much may be my exposure to wind and dampness.

Such, then, has been my experience with the use of the *Allium Cepa*; such its uniform results on my own person and upon my patients; and as such I confidently recommend it to the profession at large.

LYCOPODIUM—RHEUMATOID PAINS.

BY

GEO. E. TYLER, M.D., New York City.

Mr. W., æt. 30, came to the office, complaining of severe lacerating pains that extended throughout the whole length of the arms, and troubled him somewhat in the legs, but not so severely. Besides the frequent acute pains, there were feelings of soreness and aching constantly present. Upon the symptom of feeling better while in motion I rather hastily prescribed *rhustox*. 3d.

Three days later he returned, saying that he was not one particle better. Upon questioning, I found that he felt comparatively easy throughout the day, having only the soreness until 3 or 4 P. M., when the pains regularly returned in all their severity, were relieved by cold rather than warmth, and during the time

of aggravation he felt extremely drowsy.

It was now evident why *rhustox* had not benefited, as in this remedy warmth relieves and the period of aggravation is in the morning.

Lycopod., *pulsatilla*, *apis* and *cyclamen* came to mind, from symptom of time of aggravation, but *apis* was excluded, as the pains in this remedy are worse from motion, and in *cyclamen* are relieved by warmth, as in *rhustox*. Between *lycopod.* and *pulsat.*, in the latter remedy the pains shift frequently from one part to another, but not so with the patient; and again in *pulsat.*, although aggravation occurs in the evening, still the prover is most wide awake at that time, cannot sleep by any means, but will make it up in the morning.

Lycopod. has pains relieved by motion, and also by cold or being where it is cool. I decided upon this remedy, although symptom of sudden satiety was not present to corroborate, but did ascertain that the urine of the patient was very dark red in color. I gave Lycopod., 30th potency, and requested him to call the next evening. He did so, saying, "This is the first evening in two weeks that I have been free from those pains." Upon meeting him two weeks later I found that they had not returned.

HOMŒOPATHY ILLUSTRATED.

Cases by E. H. PECK, M. D., Cleveland, O.

There are many "facts" in every physician's practice, which, if published, would not be creditable to his skill; while, on the other hand, now and then one *happens* which *would* be, and, at the same time, contribute to the overturning of any amount of *a priori* arguments. For examples of the second kind of facts we may look to the results of practice with high attenuations. As facts are the *sine qua non* I will offer the following cases:

Mr. M., aged about 50; strong frame; muscular and apparently healthy; has suffered from severe aching in the lower limbs upon retiring, disturbed sleep through the night. Upon first movement of the affected limbs, after waking, latterly, had cramps in calf of leg and the feet. Patient had been engaged for years in manual labor outdoors, and often *worked with water, getting wet*. The ailment had lasted about

one year. Rhus. Tox., c. m. He had slight pain only two nights after he began the medicine.

CASE 2. Mr. R., about 55; very obese, but generally healthy. Had sciatica, with tenderness about the knee-joint; pain constant when waking; disability so great that he could rise from bed or chair only with great care and effort. Business, that of cutting in a clothing house and required to stand on the feet the whole day. Difficulty had existed about three years. Rhus. Tox., 2 c. Pain removed within two weeks. The improvement has continued for two months. Some tenderness about the knee yet, which, from previous experience with this remedy in nervous troubles, I can confidently expect to be removed in a short time.

Cases by ALEX. R. SHAW, M.D., Newark, Del.

N. C., æt. 60. Sciatica; had been treated for several days, when he remarked the pains put him in mind of the Aurora Borealis. That evening, in looking over Hale's work, I saw same under Polygonium; sent a few powders, and received a note reporting immediate and permanent cure.

W. M., æt. 10 months. Had been brought from Philadelphia; was very weak, vomiting and purging every few minutes; mouth so sore could hardly nurse; small ulcers, whitest gray. Two or three powders Bap. tinct., 6th, cleared mouth and checked purging, etc. Steady improvement. When prescribed did not consider the case would last 24 hours. I use from Tinct. to 200th; my first trial with higher than 30th was with Nat. mur., a remedy I considered useless; was agreeably surprised at fine result from use of 200th potency.

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EDITORIAL.

THE PHYSICIAN AS A BUSINESS MAN.

Professional men are proverbially very indifferent business men. The physician is not only no exception to this rule, but is generally more lacking in the qualifications which characterize the true business man than the members of the other professions, nevertheless these qualifications are essential to his financial and in a great degree to his professional success.

The cause of this deficiency can be traced very readily. In all lay avocations the preparations for their acquirement lead naturally to financial calculations—to ascertaining the best methods for acquiring, preserving and distributing judiciously dollars and cents. Not so with the student of

medicine. Money and its value is a secondary consideration with him. His whole thought and aim is to acquire a knowledge of the various branches of his profession, his highest ambition to excel in the studies required to make up the accomplished physician.

This is indeed a noble and disinterested aspiration; but it leaves him a child and a tyro in the art of making for himself a financial success. And yet there is no disguising the fact that such a success is not only the aim of ninety-nine out of a hundred who choose the practice of medicine as their profession, but it is even to some extent essential to their becoming successful practitioners; for a physician constantly harassed by scanty means, or maybe want, cannot enjoy that quietness of mind requisite to a careful study of his cases, and cannot give them his undivided attention.

Hence the physician's aim ought to be, to become a good business man, as well as a good physician, in order to be just to his patients, his family and himself. How is he to become one? Simply by copying to a great extent the practices of the successful layman in any other avocation.

Let the young physician set out with the firm resolve never to incur a debt, pay for everything he buys, and if he has not the money to do so, do without the article required until he can pay for it. Never purchase on credit.

Let him remember that his time is his capital, and not waste it in amusement or idleness at the outset of his career. The loss of it is almost irre-

parable. His office is his farm, his workshop, his store; he ought *never* to be absent from it during business hours for years after he has commenced his practice, unless professionally called away. One patient turned away by such carelessness is often the nucleus of a long list of families, as the experienced physician has had ample cause to find out.

Let him be uniform in his charges, unless in charity cases; his patient will find it out if he is otherwise, and it will cause him more trouble than most men are aware of.

Let him be *prompt* in rendering his bills, at short intervals; most men prefer paying small bills, even if oft repeated, to paying large ones at long intervals. Never let him suffer himself to waste his services on patients who permit two or three bills to accumulate without paying, and thus waste his valuable capital, his time. Persons who will not pay one bill when presented will less likely pay two.

Let him lay by every year at least one-tenth of his earnings, to provide for sickness or unforeseen accident, and above all shun all unnecessary expenses, however small.

Let him give his services cheerfully to the deserving poor, without charge, or rather for a small compensation (most poor people are more benefited by a small fee required than by a charity prescription); but let him rigidly refuse to be imposed upon by the genteel spongers, who deem their profession or position a sufficient excuse to rob the hard-worked physician of his well-earned fee. Let him learn to say *no* to himself as well as to others, when justice to his family and his private affairs requires it.

If our colleagues will endeavor to carry out these views of professional life, the physician will soon become a successful business man, and reap the fruits of his labors, and thus provide for a comfortable old age.

TO OUR CONTRIBUTORS.—Several articles marked for insertion in this number, and already in type, have to be laid over for the next number. We had to give the preference to the articles received in the early part of last month. All articles, when accepted, are inserted in the order in which they are received.

REVIEWS AND NOTICES OF BOOKS.

SCRATCHES OF A SURGEON. By Wm. Tod Helmuth, M.D. Wm. A. Chatterton & Co., Chicago, 1879.

We have read this little book from end to end with a great deal of pleasure, often stopping to smile at the hits—of which the author is not sparing—

at the weak points in the medical profession.

From a short note appended to the volume by way of preface, it is readily seen that Dr. Helmuth does not attempt to set himself up as a poet, and yet in many parts of the book can be found

a certain degree of pathos, expressed in the simple manner which belongs to genuine sentiment. Look at this description, p. 34:

Night advancing, now is shedding
Tears of dew o'er flower and tree,
Leaves are rustling, as the zephyr
Plays among them silently;
Fragrant jasmine buds are op'ning,
Spreading round their sweet perfume,
Twinkling stars on high are stealing
From the night its darker gloom.

Or again in the poem, "Twenty Years Ago," where the old Homœopathic Medical College of Pennsylvania is apostrophized, there is a mixture of humor and sentiment which at the banquet in Philadelphia, at which the poem was delivered, was most highly complimented and loudly applauded. The lines (p. 93) run thus; they recall a pleasant time.

"I sought thy classic precincts, mother dear,
I wore thy benches smooth, year after year;
Each *tuber ischii* has ached and borne
A body weary and a mind forlorn;
While learning 'bout our human aches and
ills,

Which may be cured, or which more surely
kills.

I've heard from reverend lips thy precepts flow,
And scribbled notes *currente calamo*.
Laugh'd o'er the dead in "parlors of the sky,"
Carved bone and muscle, nerve and artery;
Crammed for each "*Quiz*," applauded with
my feet,

And cut my name upon my chosen seat.
'Twas the right hand corner of the second row,
I cut it there—just twenty years ago.

Most of the articles in the book are, to say the least, semi-medical, and many of them can be recognized by the friends and colleagues of Dr. Helmuth as marking festive gatherings or social assemblages. All of the productions have appeared in print, and therefore have been sanctioned by other editors besides ourselves. This is a fair recommendation in itself.

"*Medical Pomposity*," of which, perhaps, the epilogue is the most poetical, was repeated at the banquet given by the physicians of Cincinnati to the

American Institute of Homœopathy in 1865. It had, however, we think, been previously published, and was afterwards brought out by Dr. Lodge in pamphlet form.

The "*Medical Season*" was written as a satire on the practices of professors of opposition medical colleges in Philadelphia, where for some years there was great competition. It first appeared in the *Sunday Dispatch* of that city, that paper being then, as now, the great organ of severe and satirical criticism. "*The Widow of '76*" (from which we have taken a stanza) was first made public in the *Phila. Evening Bulletin*. Other articles from time to time were published by the *Atlantic Monthly*, the *N. Y. Evening Post*, and the *Missouri Democrat and Republican*.

The hits at the profession to which we have alluded are often well placed. "*Medical Pomposity*" is full of them. Thus, speaking of doctors, page 11:

* * * * *

Grant us as boon, thy dignities renown,
While we portray some doctors of the town,
Whose bearing grave and keenly glancing eye
Bear witness to their self-sufficiency;
Who shake their sapient locks, *look very wise*,
Smell at their canes—and some new plan de-
vise

To keep the patient ill another day—
Provided always *that they think he'll pay*.
Talk of the brain, and nerves proceeding thence,
More wise appear, the more they distance sense;
Call pain, "*neuralgia*," or if the man be stout
Cry out, "*Dear sir, you have rheumatic gout*,"
Tap on the chest, some *awful* sounds they
hear,

Then satisfied declare, "*The case is clear;*"
Draw forth a paper, seize the magic quill,
And write in mystic signs "*cathartic pill*."

So also in the "*Lines to a Fashionable Obstetrician*" (p. 40) the author depicts a good deal of truth, and where two donkeys are made (p. 118) to represent the consultations of the most celebrated medical men of New York, who had appointed a certain hour for a distinguished lawyer to die, but who recovered as soon as the physicians had

given him over, the satire is immense. Everybody is conversant with the facts of this case, and the "donkeys" will stand the test of criticism.

We hope this book will meet with a ready sale, for to many it will be a memento of good times past, and we hope the author, by the time the second edition is ready, will have many new articles on hand for us.

We cannot close without noting the neat and tasteful appearance of the book. The publishers have certainly done their work well.

DISEASES OF INFANTS AND CHILDREN.
By T. C. Duncan, M.D. Vol. 1.
Published by Duncan Bros., Chicago.

We have before us the first volume of this valuable work, and one has only to glance over its pages to see the immense research necessary for so exhaustive a treatise. General Observations; Ante-Natal Development; Diseases of the Fœtus; Congenital Affections; Viability of the Malformed; Medical Jurisprudence of Viability; Hereditary Transmissions, with illustrations, and many diseases the infant is subject to, constitute one of the most concise upon the subject to be found in any school of medicine. We hope that Part II. may be forthcoming, to add another important work to our literature, and one that should be found in every physician's library.

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. Henry Minton, A.M., M.D., Editor.

We heartily welcome Dr. Minton to the journalistic ranks. He would be welcome as the editor of any journal, but is doubly so when he brings with him a Journal of Obstetrics, so long needed in our school. The want of such a publication has been felt for some time by many of our physicians, and only

the fear of it not being sustained has thus far been the cause which prevented the attempt. This fear no longer exists; for we are pleased to learn that an ample subscription gives both editor and publisher the assurance that the Journal is needed.

The first number, which now lies before us, fully justifies the expectation entertained by its friends of its literary character. Almost every paper is from the pen of skillful specialists and full of instruction.

We trust our colleagues everywhere will aid the editor by their pens and contributions, and we predict for his efforts ample success.

THE ADVANTAGES AND ACCIDENTS OF ARTIFICIAL ANÆSTHESIA. A Manual of Anæsthetic Agents and their Employment in the Treatment of Disease. By Lawrence Turnbull, M.D., Ph.G., Aural Surgeon to Jefferson Medical College Hospital, etc. Lindsay & Blakiston, Philadelphia.

This is the second edition of a manual on a subject which has of late years assumed a prominent position in the practice of the profession. Anæsthetics is one of the greatest boons contributed to the happiness of suffering humanity. It does not claim a rank among the curative agents, but modestly offers itself as a palliative only, to human suffering almost exhausted by long-continued agony, and as such ought to be appreciated by the practitioners of every school.

The author deserves the thanks of the busy practitioner, for having given in a concise form all he needs to know on the subject for practical purposes.

The work enumerates all the chemical agents of anæsthesia, with a full description of them. It gives the chemical test by which their purity can be ascertained. It teaches the best modes of administering and selecting the most

appropriate anæsthetic in different cases, drawn from his own experience, as well as from that of some of the best authorities on the subject. It contains also information bearing upon the medico-legal nature of anæsthetics, so highly important to all who are called upon to administer them.

Need we add, after this, that we deem it of the utmost importance that every practitioner who wishes to keep up with all the improvements and discoveries made for the alleviation of pain and suffering, should possess a copy of the work, and make himself familiar with its contents? Not to know, when knowledge is at our command, is culpable neglect.

The book is well gotten up, printed on good paper and neatly bound.

BOOKS RECEIVED.

SMITH'S LIST OF MEDICINES. By Henry M. Smith, M.D. Smith Pharmacy, New York. A compilation with a modest title, but really a valuable and well-arranged catalogue of all the most important medicines.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. Henry Fox, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O. Forty colored plates, taken from life. Part 1 and 2. E. B. Treat & Co., 805 Broadway, New York.

NEW YORK STATE MEDICAL SOCIETY.

RESUME OF IMPORTANT PAPERS PRESENTED.

(Specially prepared for the American Homœopath.)

The twenty-eighth annual session of the Homœopathic Medical Society of this State was held in Rochester, August 10th and 11th. Dr. Asa S. Couch, President, of Fredonia, called the meeting to order, and in a few well-chosen remarks congratulated the society upon its prosperity.

A paper was read on the question of "Enacting a United States Law making Vaccination Compulsory," by Dr. N. Osborne. The speaker held that as Homœopaths were the leaders of vaccination, it would be advisable that they make an effort to get Congress to pass a law making it compulsory. He thought it was as highly important to prevent the spread of small-pox as to prevent yellow fever.

The paper was adopted, as well as another on "The Superiority of Cow-pox over Humanized Virus."

Dr. N. E. Paine, Middletown, read a paper on "Ventilation of Soil and

Waste Pipes and Underdrains," by Dr. H. M. Paine. He said that not only the houses of the poor, but costly houses, were frequently badly drained and ventilated. Cases of diphtheria and typhoid fever were traceable in many cases to drainage into cesspools, and combatted a common notion that sewage gases are not detrimental to health.

Dr. J. W. Dowling discussed the susceptibility of some members of a family to malarial poison, and instanced the case of his own family, he and his son being very subject to poison, while others of his family escaped. He and other physicians in New York had made extended inquiries among laborers who work in sewers, and found no case occurring from that cause. He did not think the disease arose from the gas unless there was a malarial habit of body. People who were under the influence of malarial poison often thought that they

were sick from overwork, and smoking, eating too much, loss of sleep, etc.

Dr. William P. Fowler, Rochester, presented report on "Sixty-three Cases of Inspissated Cerumen." He said it was an error of the laity that nature needed assistance to dispose of the cerumen of the ear. There was constant interference with mechanism, which brought on serious complications. Nature disposes of the secretion, and no assistance is needed, unless other diseases are present. He thought the use of ear spoons, syringes, etc., were relics of barbarism. Nothing more than a napkin over the finger-tip should be used when it was necessary to remove a large secretion. Other papers in the otology department were "The Value of Electricity in Diseases of the Ear," by Dr. H. C. Houghton, and "Acute Purulent Inflammation of the Middle Ear," by Dr. F. Parke Lewis, Buffalo. In the former paper the author stated that he had obtained the best of results from galvanism. Dr. Lewis stated in reply to this that he had experimented two years with galvanism, but had not obtained the brilliant results mentioned. In chronic catarrh in the middle ear he had found it to fail entirely.

The Secretary read a paper entitled "Cotton," by Dr. C. T. Liebold, which treated upon the use of cotton in diseases of the ear and nasal passages.

Dr. W. P. Fowler presented "Myopia in our Public Schools." The paper was discussed by Dr. F. Parke Lewis. He said the disease was rapidly increasing among the pupils of the Buffalo schools, and one out of four pupils graduating were myopic. After some practical and earnest remarks, Dr. Lewis read a paper on "The Homœopathic Therapeutics of Trachoma."

"The Etiology of Diphtheria in Geneva," by Dr. Covert, of that place, treated of the causes of the epidemics which made such terrible ravages in

Geneva during the past year, as they could be gleaned from the evidences coming to light during the progress of the disease. He referred particularly to the bad drainage of the village. There were 448 cases, 308 in houses with no drainage. Rate of death was: 448 cases, 80 deaths—percentage, 17.9-10; 373 cases using well water, 60 deaths—percentage, 16; 63 cases used White Spring water, 12 deaths—percentage, 19.5-10; 308 cases, no drainage, 17 deaths; 128 cases, covered tile drains, without traps, 22 deaths; 12 cases, tile drains, with traps, 6 deaths; 3 cases used filtered rain water, 3 deaths; 9 used boiled well water, 5 deaths.

Papers were then presented from Dr. Bayliss on "Treatment of Malarial Fever," Dr. Egbert Guernsey on "Abuses of Uterine Surgery," Dr. Moffat on "A New Hypogastric Bandage," another from the same physician on "A Case of Extreme Retroversion," Dr. Sumner, Rochester, upon "Fibroma of the Uterus with Pregnancy," detailing a case which came under his notice, illustrating the formation of fibroma with gestation.

Prof. S. P. Burdick read a paper on "Anæsthetics in Labor." Some obstetricians approve of anæsthetics, while others object to their use, and some object to chloroform while admitting the use of ether. He held that it was an error to regard pain in labor as physiological. He thought all pain a consequence of deviation from nature's law, and said that any safe means of obviating pain should be adopted. In his own practice he had cases of labor without pain, although using no anæsthetics. When he did use them he preferred chloroform, which alone he used for twenty years. The chloroform should be fresh, not such as has been opened frequently in a drug store. He preferred chloroform because it is both prompt and persistent in action, and

readily antidoted, the latter being easily accomplished by the use of cider vinegar. He had not seen a case of injury by the use of chloroform. It is necessary to observe the susceptibility of the patient to the use of chloroform, so that no danger may follow if the operator is obliged to trust to inexperienced assistants. The speaker said that foeticide had increased alarmingly in the last quarter of a century, and one reason was that wives were afraid of the pains of child-birth, which this anæsthetic would remove.

Dr. White, of Harlem, did not understand how so small a quantity as half an ounce could be made effectual in long labor. He had seen death result to the child from the administration of chloroform to the mother.

Dr. Burdick said that in extraordinary cases they had to use more than that quantity.

Prof. Dowling had in his practice found that in instrumental cases where he used chloroform freely, profuse hemorrhage was frequent. He was in the habit of giving much chloroform only when the patient asked for it. Prof. Burdick thought it probable that the hemorrhage was the result of the instruments. The most serious cases of hemorrhage he met were when no chloroform was used, he also found chloroform of inestimable value in convulsions. The President recommended careful scrutiny of the foregoing paper, as the experience in hospitals was that deaths were more frequent since the introduction of chloroform in labor.

Dr. J. W. Dowling, on "Physical Diagnosis," said they could not be surprised at the progress made in the use of instruments within their own memory. Then referring to the lungs, said, 330 inches is the average total capacity. After an ordinary inspiration one may take in 110 cubic inches by an effort. In one extraordinary case he found a

man whose lungs had a vital capacity of 350 inches and another who had but sixty inches.

In a diagnosis he had confidence that the instrument (a spirometer) he exhibited would indicate the presence of phthisis. He said that they should not measure the whole chest at a time, but measure it in halves by measuring from the spinal column. The professor said that when a student he read of sixty-five varieties of pulse, each indicating something different, but in his own experience he could distinguish no more than half a dozen.

Dr. Burdick regarded the microscope as one of the best aids in diagnosing phthisis; he used no power above the fifth in looking for the fibres in the early stages of the disease. In advanced cases little was left for them to do, except send their patients south, west or to the mountains—to die. The professor mentioned a case in which the microscope detected phthisis when nothing else would do it.

Dr. S. H. Talcott read "Mania; its causes, course and treatment." The term signifies "I am raving." The disease results from various causes, such as loss of property, disappointment in love, etc.; but we must go back of the immediate cause and look for the origin of the disease. In a large degree a man derives his tendency to mania from his ancestors. Vicious parents inevitably produce offspring of similar inclination. Parental influences are very prolific in producing mania. Nursery tales, threats of punishment and imprisonment in dark closets have also a tendency to produce a state of the brain leading to insanity. Overwork, undue anxiety in spiritual or mental welfare, intemperance in venery, the use of alcohol and tobacco, were given as the principal immediate causes of mania. The breath of the insane is a novelty, which once experienced is

never forgotten. The disease has no regular course. From sixty to eighty per cent., if in the prime of life, recover; the remainder drift into dementia. Liquid food is best adapted to the disease, milk and beef tea being especially valuable.

The next paper was on "A Case of Suicidal Melancholia," by N. Emmons Paine, M.D. The patient was fifty-five years old, had been temperate, except in venery excess, which brought on the disease. He grew worse, and was subjected to the Mitchell treatment. Was cured in 120 days, although an extreme case, having been sick three years, during which he slept only two hours nightly. Cure when a patient has been sick two years is very unusual.

"The Effects of Climate on the Insane" was presented by A. P. Williamson, M.D. The author noticed that the insane in England are dull, while those in France are in good humor, the climate being bright and the patients keep out-of-doors. In America the climate is cosmopolitan. Sea bathing was found beneficial for mania, while mountain air was found good for melancholia, where the air was more stimulating.

Next was read a paper by C. S. Kinney, M.D., on "Metastasis as a Cause of Insanity." The author said that the sudden checking of skin diseases, etc., by external applications, had a tendency to produce insanity.

A paper on "Gelseminum in Chills and Fever," by Samuel Eden, M.D., strongly recommended the use of Gelseminum where the patient was suffering from chills and fever. Combined with perfect cleanliness he said that he had rarely known it to fail, and he had used it in a large number of cases. The characteristic symptoms of intermittent fever, as described by the writer, was a besotted appearance.

A paper on "Cholera," by Dr. Boo-

cock, expressed the opinion that fear was mainly responsible for the fatality of this disease, and the very unique manner in which the doctor expressed himself caused very general smiles.

Dr. Doane, Syracuse, spoke briefly upon the use of calomel in hemorrhoids.

Next paper was on "Jatropha Curcas," by Dr. John J. Mitchell. He spoke in high terms of the success he had encountered by the use of this medicine in cases of summer complaint among children and cholera.

A paper on "Actæa Racemosa in its Relation to Alcoholism and the Opium Habit," by Dr. C. C. Curtis, Dunkirk, was read. Vertigo, deep depression, pulse quick, spinal irritation, sleeplessness, fullness in the head, offensive stool, tremulousness, cold sweat on the hands, etc., were described as the symptoms of an excessive use of opium, and a number of instances were described where Macrotin had been given with beneficial results.

"The Virtues of Anti-Fat" was the subject of a paper prepared by Dr. T. C. Fanning, in which he rather seemed to favor the use of the nostrum.

This completed the regular business of the meeting.

CORRESPONDENCE.

HAHNEMANN'S POSOLOGY.

By SAM'L POTTER, M.D., Milwaukee, Wis.

In the July issue of this journal, a physician gave to its readers an article headed "Open Letter," in which he attempted some difficult feats of leap-frog in eight columns of garbled quotations. Dr. Pearson, the writer referred to, endeavors to show that in my efforts to advocate the Milwaukee Test in the *Hahnemannian* and the *Clinical Review*, I have been willfully slanderous of "the Master" in the matter of his posology. The methods by which the

doctor attempts this feat of leaping over historical stumbling-blocks are two very simple ones, namely, (1st) by misquoting or garbling nearly every passage he renders from Hahnemann, and (2d) by misrepresenting my statements and line of argument, and erecting thereby a man of straw to serve as the object of his Hahnemaniacal rhapsody.

Taking the last first, I would point out that Dr. Pearson misstated facts when he said (pp. 193 and 197) that I sent out "circulars," as "respectable journals will not publish such effusions." The article was a reply to his "Open Letter," and was published in the *St. Louis Clinical Review* of May, 1879, a reprint of which he calls "a circular." On page 196 of the HOMŒOPATH the doctor quotes from me regarding Hahnemann's posology, leaving out of the sentence the qualifying words, "by the use he made of drugs in his practice." A perusal of the whole sentence will convince any candid reader that I made no reference to Dr. Hahnemann's theories about the high potencies of his day, but simply stated, as Drs. Dudgeon and Hughes have done before me, that, so far as he has recorded his actual posology in practice, and taking the forty-seven years of his homœopathic career as a whole, Hahnemann has "distinctly repudiated the very heart of the high potency delusion."

Dr. Pearson meets this by the use of his first method above noted, misquotation from Hahnemann's writings, commingled with references to that eminent man's *theoretical views* on the dynamization of drugs, a subject which I had not touched upon. In his quotation of the passage wherein Hahnemann mentioned the *one* instance in which he ever used the 90th, Dr. P. omits the little word "rare" before "epileptic fits," as well as the parenthetical remark "(one every 9, 12, 14

months)"* after the same, which utterly destroy the validity of any claim for a "cure" thereby, if such had been made; which, however, was not the case; Hahnemann simply stating that after an undefined length of time no return of what were at most "rare attacks" had occurred.

Again, when referring to Hahnemann's having risked "his own life on the 30th," when he "cured himself of a dangerous attack with the 30th of coffea," Dr. Pearson omitted to mention that the cure was made by "*two olfactions* of coff. cr. 30th first, and then of calc."† Had Dr. P. put the smelling part of the prescription in, he would have been more true to history, but he would have destroyed the value of the "cure" in the minds of even many high potency men; and therefore he wisely left it out. In the same sentence he says that Hahnemann, in 1843, "reported cases to Dr. Von Boenninghausen, cured with the 60th potency," but forgets to state that in the reports of these cases‡ to Dr. Von B., Hahnemann never definitely mentioned a single potency above the 30th, nor said a solitary word about the 60th. He speaks of Bell. 30th, Hyos. 30th, Merc. viv. 2d, Sulph. 2d, and smelling at a globule of Ac. nit. dissolved in one oz. of alcohol or brandy. True in the note to these cases we are told that Dr. Dudgeon says that Dr. Von Boenninghausen says that *he* (Von B.) understood the other obscure references to refer to the 60th; but Hahnemann did not say so, and we are not discussing Dr. Von B.'s opinions, but Dr. Hahnemann's "cures."

Again he says, "But why quote the entire 'Organon'?" Every page of which, where the dose is referred to at all, the thirtieth or higher potencies always take

*Lesser Writings, page 763.

†Lesser Writings, page 776.

‡Lesser Writings, page 773.

the precedence." In the first edition of the "Organon," Hahnemann declined (note to § 247) to define "the right measure and weight of the medicines." In no subsequent edition did he speak of having used a dilution above the 30th, and the *only* reference distinctly made to such preparations in the five editions of that work is found in the fifth and last (1833), wherein (note to § 287) he does not mention his personal use of them, but speaks of their action as high as the 300th on the vital power, whether observed by himself or others he does not say. If, in any edition of the "Organon," Dr. Pearson can find another definite reference to a higher potency than the 30th, I will cry "*peccavi*" with due humility.

From a careful perusal of the history of Hahnemann, as found in the lectures of his translator and disciple, Dr. Dudgeon, to whom we were originally indebted for the "Materia Medica Pura," the "Lesser Writings" and the "Organon" in an English dress, I could arrive at no other conclusion than that stated before—namely, that, taking his homœopathic career as a whole, Hahnemann was not a high dilutionist, as we to-day understand that term, and scarcely ever looked beyond the 30th. Since writing the articles referred to, I have had the pleasure of reading a full chronological account of Hahnemann's recorded dosage, by Dr. Richard Hughes, in the British Journal for April, 1878, to which my attention was called by that distinguished author himself. In this paper Dr. Hughes supplies many of Hahnemann's references to his posology, which were not attainable at the date of Dr. Dudgeon's writing. However, an analysis of the facts therein stated does not show any material difference in the record.

Hahnemann's definite references to any dilution higher than the 30th are only five in number, as follows:—

(1.) In his 71st year (1826) he said he found Thuja in the 60th more potent in sycosis than in the 30th (2d Ed. *Reine Arx.*, Vol. V.)

(2.) In his 77th year (1832) he said he had "once prepared" the 90th of Sulphur, and used it *once* in a case of "rare epileptic attacks;" but did not claim a cure thereby. (Lesser Writings, page 763.)

(3.) In his 78th year (1833) he said of the 60th, 150th and 300th that their action is of shorter duration than that of the 30th, "which is generally sufficient." (Org., 5th Ed., § 287, note.)

(4.) In the same year he prescribed for himself "two olfactions" Coffea 30th first, and then Calc. (Lesser Writings, page 776.)

(5.) In his 83d year (1838) he mentioned the 50th potency as having "most penetrating efficacy." (Pref. to Vol. V., *Mat. Med. Pura*?)

Out of 183 recorded directions for the dose given in his writings, after his announcement of the homœopathic law, only 27 are in the 30th; but one in the 60th, and not one in a higher potency.*

While, in his 74th year, he fixed on the 30th for every drug, we find him six years afterwards departing from this rule by recommending the 6th,† and 24th;‡ and after seven years' further experience, writing to his pharmacist for the 3d triturations of several drugs.§ He used crude drugs for 32 years of his career as a homœopathist, down to his 73d year (1828.)|| In the last year of his life, the 89th, he prescribed Merc. and Sulph. in the 2d, and at his death his pocket-case was

* Dr. Hughes, in *Brit. Jour. Hom.*, April, 1878.

† *Chron. Dis.*, 2d ed.

‡ *Chron. Dis.*, 2d ed., part 3.

§ Lesser Writings, plate in Dudgeon's translation.

|| *Chron. Dis.*, 1st ed.

found to contain all dilutions from the 3d to the 30th, but none beyond that figure.*

In 1829 he disapproved of diluting beyond the 30th, saying to Dr. Schreter, "the thing must end somewhere; it cannot go on to infinity;" and in 1832 he condemned Korsakoff's potencies as useless to the physician, though interesting in showing how far matter could be divided.†

Therefore I would say with Dr. Hughes that "on the basis of this survey of the facts of the case, it is not unfair to argue that the truest disciples of Hahnemann are those who follow him as he was in the years from 1796 to 1828, rather than those who count the 30th itself a low potency, and dwell habitually in an exalted region far above that which the master but *looked into*, and himself but *seldom entered*."‡

For my own part, I am not a disciple of any man. I believe that the law of similars is the best therapeutic law; that small doses and the single remedy are safer and more scientific than the Bourbonic poly-pharmacy. But I hold to the motto, "*Nullius addictus jurare in verba magistri*," and reject, for practical use, any theory which won't stand or submit to positive experimentation surrounded by scientific safeguards against self or other deception.

Milwaukee, Wis., August 9th, 1879.

NOTE BY THE EDITOR.—The above article, from the pen of Dr. Potter, appears in the HOMŒOPATH of this month in accordance with a promise made to the doctor some time ago that we would publish his reply to Dr. Pearson as a matter of courtesy, in order that those who have read the arguments on one side of the question should also have an opportunity to see the arguments of the other side. With this apology to our readers, we also assure them that our pages will henceforth be closed to this controversy.

* Lesser Writings, page 773.

† Dr. Chapman in Hom. Times.

‡ Lesser Writings, pages 763, et seq.

PUBLISHERS' DEPARTMENT.

We take pleasure in calling the attention of the Profession to that important remedial agent, *Lactopeptine*, so highly recommended by many leading physicians. Composed as it is of sugar of milk, pepsin, pancreatine and other digestive fluids, we see no reason why it should not be extremely useful in all cases where indicated.—*Buffalo Medical and Surgical Journal*, April, 1878.

Experience teaches us that in a disease like phthisis pulmonalis, we should not only endeavor to supply the waste of muscular tissues by the administration of a medicinal food, like cod liver oil, but also the waste of the nerve and brain tissues by administration of their natural food, phosphorus. My own life illustrates my meaning. Two years ago was affected with a severe cough, excessive expectoration, pain in the lungs and debility; for relief of which tried all remedies within my knowledge, with no success, until a friend presented me with a bottle of Phillips' Cod Liver Oil, in combination with Phospho-nutritine. This relieved me, and after taking the contents of four bottles, all symptoms mentioned disappeared, and have not returned.—*Extract from an article by Fordyce H. Benedict, M.D.*

An important difficulty, experienced by manufacturers of various foods for infants, has been to secure a preparation which should act neither as an astringent or laxative, but induce a healthful and regular action of the stomach and bowels. These features alone of the article called "*Cerealine*" have been sufficient to secure its continuous use where introduced. It possesses other merits which warrant its widespread introduction, and we hope it may receive a fair test in the hands of every physician.

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MERCURY AND ITS AMALGAMS IN DIPHTHERIA,

A Thesis for Fellowship in the Medico-Chirurgical Society of New York.

BY

J. M. SCHLEY, M.D., New York City.

It has often struck me and doubtless other physicians, how totally different homœopathic medicines are administered (by us, as a class)—how one doctor considers this drug strongly indicated, and how another thinks of a second one which, in its botanical relations and its actions, may have nothing in common with the former. It seems as if each physician, drawing from his own experience, prescribes in this or that manner, according to his past success in relieving certain symptoms or maladies. Another appears to have appropriated certain ideas and facts—unique, perhaps, in their way—and he feels as confident of success in treating different maladies as any other one.

Finally, there exists a class of (so-called) homœopathic physicians who find it too tedious—too monotonous to their patients and themselves—to inquire minutely into their symptoms and note them in their memory, and who find it so much easier to prescribe on general principles, or write a compound prescription—saving themselves such an infinite amount of study. I do not wish to find fault with this latter class, but with their early association and the way they were taught to study Hahnemann's laws. When the young physician looks around him and sees these great differences existing among those much older than himself, and from whom he expects to learn something which may be of use to him—and more

so to his patients—in after life, we can readily understand the dilemma he may be placed in, whether to have a little homœopathy, half and half, or no homœopathy.

The men who practice in these different ways, their ability as physicians, their contributions to the advancement of medical science, and their success in curing the sick, must have great influence upon the young man starting upon his life's career. Whence does it come that so many of our number prescribe in such an incoherent manner? I think I do not err when I say that they read "old school" journals and books, to the exclusion of our own. Our especial duty is to perfect our *Materia Medica* and carry on conscientiously provings of drugs. To this aim our journals should be principally edited. I am of the opinion that it is far more difficult to prescribe truly homœopathically in any given case than we sometimes imagine. A layman may prescribe homœopathically according to the symptoms found; but whether his prescription helps in the least, or he knows what malady he has to deal with, is another thing.

It has been my pleasure and my misfortune to meet several of my older colleagues in consultation within the past three years. We were most happy in agreeing upon a diagnosis—a very unusual thing, I must admit—but on the treatment we seldom did agree. I shall leave out of this paper all allusion to the different potencies in use. We disagreed upon the drug most applicable in the case under consideration.

From my knowledge of homœopathy I think we have three landmarks by which we must be guided: 1st, and above all, we have the totality of the subjective symptoms, provided they can be obtained; 2dly, the individual experience of a physician with certain drugs in certain maladies; and 3dly, the pathological condition found. Under this latter heading I should include the objective symptoms. We all know how difficult it is to prescribe for children when we wish to obtain any obscure or particular symptom. In troubles of the brain, where perception and consciousness is gone, we must rely, to prescribe correctly, upon the cause and pathological condition present.

We would ask then, how is it that homœopathic physicians differ so entirely sometimes in their prescriptions? We certainly should all start from the one common point—the symptoms obtained. If we follow this closely, it seems to me that the needed drug will be as surely found—as we may, through exclusion, come to make out a diagnosis. Dr. C. Hering says that we are fast reaching or have reached that point where we may prescribe homœopathically with mathematical certainty. Some physicians may continually employ certain drugs for particular maladies, without noticing that the same disease may affect different people in a varied manner. Dr. P. P. Wells has beautifully illustrated this in an article upon scarlatina. He points out the pernicious way physicians had and have of treating scarlatina with Bell. Each and every case received this drug, no matter

in what form it appeared. Finally, it was found that in certain epidemics it was of no avail. Other remedies were then brought into use with greater success. The same thing has happened in the treatment of pertussis. Any homœopathic physician who prescribes in a routine form will, at times, be sorely disappointed to find that his prescriptions are of no use. Again this same practitioner will, with his few drugs, overreach himself, and cure cases where the most scrupulous prescription has been of no avail. That the telluric and hygienic influences in some cases have to be consulted, there seems to be no doubt.

The routinist and the true Hahnemannian, if we are to believe them, have apparently as much success in treating diseases as it is possible for us, as physicians, to attain. If we then find beyond doubt that these two extremes (apparent) are applicable in diseased conditions, we must acknowledge that there is good in both of them, and that they represent homœopathy. A medicine applied strictly homœopathically, whether administered in drop doses of a fluid extract or in the higher potencies, surely has acted but, in the one way, and that on the law of *similia similibus*. We all know, and I acknowledge it openly, that homœopathy is not adequate to our wants—we are unable to find a drug producing certain (similar) symptoms and *pathological conditions*. There are great deficiencies in her teachings, and we must often use means to *relieve* our patients which are totally unhomœopathic. I do not al-

lude here at all to the relief of severe and acute pain, but I do allude to the *cure* of certain diseases. It has no doubt happened to each one of us that our prescriptions in certain cases have been useless. These patients, tired of their sufferings, apply to an old school physician, and shortly they are restored to health—this holds good in directly the opposite way, also. I do not speak thus in a fault-finding way, but to point out the uncertain ground upon which we stand.

We have very much to accomplish, if we would labor to place our method of treating the sick upon a high pinnacle, where it may be placed upon a basis which will never grow unsafe, and where its teachings will be unassailable. If we might but follow the example of the first workers in this new province of medical science, we would make rapid strides towards a point where, when we have reached it, we may lay down our burden in perfect safety.

How, then, can it be expected that homœopathic physicians will meet at the bed-side and agree upon a mode of treatment, when there are so many different prevailing ideas existing among them? This difference is not found among routinists alone, but those who administer drugs in the higher potencies disagree as frequently. We must all candidly admit that "high dilutionists" prescribe homœopathically more correctly than those who generalize. Still, we often find that these *careful* prescribers fail terribly, sometimes, in giving relief or curing diseases. It has always been an enigma to me, why

medicines administered most cautiously and conscientiously, high and low, seem to be sometimes of no avail. Can it be that an anatomico-pathological condition has anything to do with this want of success? I sometimes think that this is a field which we have neglected too much—in fact, we are taught by those who write in our journals the most, that we should ignore the pathological state completely when we prescribe. We know that Euphrasia has a most specific effect upon the conjunctiva of the lid, bulbus, upon the cornea and mucous membrane of the nose. We would *never* think of this remedy in pneumonia phlebitis—and why? Experience has taught us that this drug has no effect upon the symptoms accompanying these morbid conditions, and has no control upon the pathological state usually present. Might we not make use of this point, sometimes, when in a dilemma, or where we have prescribed frequently without bringing relief? I do not suggest that we should make this our starting-point for prescribing. We come now to the moment where we ask how is it that mercury and its amalgams have crept into such general use in diphtheria? Before we plunge into *medias res*, there are two items I should mention, as I know that I shall tread upon some one's toes ere this paper is completed. First, I would say that I have little or no faith in mercurial preparations during the incipency of and during the height of the diphtheritic process. I have three reasons for this. Second, What is diphtheria?

We are all cognizant of the fact that quicksilver, in its uncombined state, is an inert substance. The only occasion where I have heard of its being used by a physician was in a bad case of constipation or intersusception, I forget which, where several ounces were used. It passed quickly through the intestinal tract, and obtained the object for which it was given. Of course no constitutional effect was observed to follow its use. The preparations of mercury in use by homœopathic physicians are, Merc. Acet., Merc. Subl. Corr., Merc. Cyanur. and Cyanide, Merc. Deutiod and Biniod., Merc. Dulc., Merc. Nitr., Merc. Protiod., Merc. Sol. and Merc. Viv. I shall quote from Dr. R. Hughes in the following lines upon mercury, as his ideas represent mine: Of all the remedies in use by us, none is so often in our hands as one of the different mercurials. No remedy has been more abused in the past, and even now, sometimes, than mercury. Every tissue in the body may be acted upon by it. It has certain parts, however, upon which it acts more directly and constantly—elective properties. It spends its force upon the mucous membrane, glandular structures, and eventually the blood is seriously affected in quality. Hahnemann experimented mainly with his own black oxide, in large doses, Noack says.

It is impossible for me to go over a field as large as the pathogenetic effects of mercury fill. I shall only touch those points which belong to our immediate subject. When an unirritating preparation of mercury is gradually in-

roduced into the system, before any local manifestations of its influence occur, a profound change is being wrought in the blood. Its full hæmatic effect is thus stated by Dr. Headland, in his well-known treatise on the action of medicines: "By some inscrutable chemical power, of whose agency we know nothing, it is able to decompose the blood; by some destructive agency it deprives it of one-third of its fibrin, one-seventh of its albumen, one-third or more of its globules (red), and, at the same time, loads it with a fetid fatty matter, the product of decomposition." Trousseau and Pidoux well describe the cachexia which results from this action. The blood loses color and consistence, pallor of the surface occurs, followed by œdema and anasarca. All the symptoms of anæmia are present, such as palpitation, sighing, breathlessness, and in young females the menses are suppressed and chlorosis sets in. In other cases ecchymoses and passive hemorrhages appear. It is, perhaps, well to note that the description of these cases extends over a certain length of time, and that various amounts of mercury were administered. One may call it a mercurial poisoning. Hahnemann thus describes the mercurial fever: "The patient gets a metallic taste in the mouth, a disagreeable smell in the nose, a painless audible rumbling in the bowels, an earthy complexion, a pinched nose, blue rings around the eyes, pale leaden-colored lips, an uninterrupted or frequently recurring shuddering (always getting stronger), that

thrills deeply, even into the interior of the body. His pulse becomes small, hard and very rapid; there is an inclination to vomit, or at least nausea, at everything, especially at animal diet, but chiefly a very violent headache of a tearing and pressive character, which sometimes rages without intermission in the occiput or over the root of the nose. The nose, ears, hands and feet are cold. The thirst is inconsiderable, the bowels constipated, great sleeplessness, the short dreams of a fearful character, accompanied by frequent slight perspirations. The weakness is extreme, as also the listlessness and anxious oppression, which the patient thinks he never before felt anything like. The eyes become sparkling, as if full of water, the nose is as if stuffed with catarrh, the muscles of the neck are somewhat stiff, as from rheumatism, the back of the tongue is whitish. At this period the patient experiences, if all goes on well, some discomfort in swallowing; a shooting pain in the root of the tongue; on both sides of the mouth a looseness or setting on edge of the teeth; the gums recede a little towards the root of the teeth, become somewhat spongy, red, painful, swollen; there is a moderate swelling of the tonsils and sub-maxillary glands, and a peculiar rancid odor from the mouth, without the occurrence, however, of a notable increase in the secretion of saliva, and without diarrhœa or immoderate perspiration."

All this, you will observe, is prior to the full development of the first local effects, the stomatitis and salivation. When the gums grow tender the saturation of

the system is complete. This is shown by the effects which ensue in certain morbid products and conditions when present. Indurations are resolved and exudations of lymph are absorbed. All the secretions, at the same time, tend to

increase in quantity and greater fluidity in consistence. If now the drug is continued, or if the patient be unhealthy, or expose himself to cold, certain inflammations are apt to arise.

(Continued in December Number.)

CLINICAL CASES.

GEORGE M. OCKFORD, M.D., Burlington, Vt.

As an earnest believer in the efficacy of high potencies, a belief produced by witnessing their effects in disease, I propose to submit a few instances of their curative action.

1st. Cough.—A man of nervobilious temperament had a cough of three weeks' duration, which presented the following symptoms: Cough was greatly aggravated about 4 o'clock P. M., from which time until bed-time it was almost incessant. The irritation was about the centre of the sternum, with a sore, bruised feeling through the chest, and attended with difficult expectoration of a hard, lumpy, muco-purulent character. The cough was entirely relieved by lying down and absent during the night. In the morning the cough was infrequent, and accompanied by an easy, profuse expectoration of yellowish greenish lumps, coming up even without coughing. The voice was hoarse and rough. *Manganum* 200 was given, one dose at 11 A. M., and another dose at 3 P. M. The cough came on about 7 P. M., but was very slight, with the soreness in chest

gone and expectoration easy. The following morning the expectoration was almost entirely absent, and there was no further return of the cough, and the patient convalesced with no other medicine, excepting a third dose of the *Manganum*, given on the morning of the second day.

2d. A lady about 25 years of age had facial neuralgia of some weeks' duration. Was worse in the morning. The pain was excruciating, burning, and greatly aggravated by warmth. The only relief that could be obtained was by holding cold water in the mouth and moving about. Several remedies were used without any good results, and the patient was growing worse. *Bismuthum* 200 was then given with almost instantaneous relief, and with permanent benefit, as there was no further pain for upwards of three years after it had been administered.

3d. A young lady had suffered for some months with a feeling of soreness through the chest, with a feeling of oppression when in the open air and when reposing. She also had head-

aches, which were better in the open air, but otherwise her general health appeared good. *Senega* 200 was given, and was followed by an immediate improvement. The pains and oppression in the chest, as well as her headaches, disappeared very soon after she had taken the remedy.

These three cases were undoubtedly *cured*, and the only remedies that were given were those of the 200th potency, and as they were prepared by the late Carroll Dunham, there can be no doubt about the potency employed.

A NEW BANDAGE FOR FRACTURE OF THE CLAVICLE.

BY

H. I. OSTROM, M.D., New York City.

If, in the treatment of fractures, the standard of perfection is considered to be nothing less than a restoration of the original shape and size of the broken bone, the management of fractures of the clavicle has not been heretofore attended with success. The reasons for this failure of good results are to be found in the natural relations which the clavicle bears to the surrounding parts.

These may be considered under two aspects: *First*. The clavicle is joined to the skeleton at only one extremity. *Second*. Any motion of the upper part of the body calls into action powerful muscles which are attached to the clavicle. It is only necessary to review the anatomy of the clavicular region, to perceive that the clavicle is capable of considerable motion, and also that the axis of the motion imparted to the bone, is at its attachment to the sternum, because the point at which motion is applied is the scapula, hence the sternum is the fixed extremity of the clavicle. Motion of the clavicle has its origin in a change of

position of the arm—respiration causes but an indifferent degree of displacement of this bone—therefore, if the arm can be kept secured, one obstacle to the perfect union of the bone is overcome. But the principal difficulty lies in the second cause of displacement of the fragments. The muscles may be arranged in two groups, conformable to the direction in which they contract. The first group includes those muscles which draw the bone up and away from the thorax; the second group includes those muscles which draw the clavicle downwards upon the thorax. Equilibrium between these two forces maintains the bone in its normal position, but when the equilibrium is destroyed by a fracture of the bone, which is equivalent in this instance to removing the antagonistic force which each muscle meets, the broken fragments are displaced in the direction of the muscular tension, and cannot be replaced until the muscles are rendered passive. In whatever portion of the bone the fracture occurs, when there is displacement of the frag-

ments, this principle obtains. If the patient could be induced to remain absolutely quiet, to move neither arm nor head, probably after the bone is brought into position no further treatment would be required ; but this course few are willing to adopt, and fewer would be able to endure ; therefore we must fix the arm by mechanical means in such a position that there will be no muscular strain upon the clavicle. I have found the following apparatus to answer the requirements for the treatment of fractured clavicle better than any other with which I am acquainted, and to be productive of good results.

The usual axillary pad is adjusted, and the arm flexed across the chest. A flannel bandage three inches wide is then carried from the side of the neck opposite to the injured bone, across the chest to the elbow, under the elbow in a straight line in front of the chest to the back of the neck, where it is joined to the initial end of the bandage. From this point the bandage is made to pass down to the wrist, from where,

after three turns, it is again carried across the chest to the opposite side of the neck, across the back of the neck, passing in front of the chest to the elbow, from where, by a reverse turn, the bandage is carried to the wrist, at which point it terminates.

The advantages of this apparatus are : 1st. It does not confine the arm, while it elevates the shoulder and at the same time draws the elbow towards the side of the thorax. 2d. It brings a degree of pressure to bear upon the nape of the neck, sufficient to relax the sternomastoid muscle, and thus counteract any tendency to displacement upwards of the sternal fragment of the clavicle. 3d. It allows pressure to be made upon the bone at the point of fracture, by a well-adjusted pad placed under the bandage as it crosses this point. 4th. It maintains the arm in the same position, whether the patient is lying or sitting.

In the case of small children, whom it is impossible to keep quiet, I have substituted *swan's-down* adhesive plaster for the usual flannel bandage.

CASES FROM PRACTICE.

BY

C. E. CHASE, M.D., Utica, N. Y.

A female child, aged 6 months, well nourished and generally good-tempered, had been troubled for two or three weeks with severe colicky pain in the bowels, for which several remedies had been given, such as Bell., Cham., Coloc., without any essential benefit. She would appear

to be pretty well in the morning, but about three or four o'clock in the afternoon would begin to cry and draw up her legs in apparently severe pain, which would last until late in the evening, when she fell asleep. On account of the periodicity I concluded to give Lyc., and happening to have in my

case a small vial of the *Lyc. mm.* which I had never used, concluded to try it, and left a couple of doses to begin—one then, and another when the pain came on. There was a slight return that day, and no more for a week or ten days, when two or three doses more cured it, so that there has been no return since, now about six months.

Miss G——, a young English lady,

æt. about 24, came to me complaining of extreme sensitiveness of the scalp, so that she could hardly bear to comb her hair, or have anything touch her head. She had had a similar attack some years before, while living in England, and was obliged to have her hair all cut off under allopathic treatment. A few doses of *Hepar Sulph.* cured it in four or five days.

TRIGONOCEPHALUS CON. POISON (COPPERHEAD).

BY

D. G. CURTIS, M.D., Chattanooga, Tenn.

While engaged in a hand-to-hand conflict with yellow fever last year, I received a hurried call fifteen miles away to see a case of "snake bite." My informant was a brother to the victim, and in response to my questions said: "Hain't bin doin' nuthin. Hain't no whisky on the mountain, and hit's a d——d copperhead, doctor." Now this reptile is deemed by all mountaineers the most vicious and dangerous—striking silently, swiftly, deeply, and often fatally. I had never treated a case of this character, and therefore gladly seized this opportunity of witnessing and learning something new. So, turning my yellow fever patients over to a co-laborer, I rode to the cabin of my new patient on the mountain, and arrived about seven hours after he had received his wound. When I entered the room the pitiable, trembling victim was lying on a couch before me. He was about 21 years old, heavy built, of sanguine-lymphatic temperament.

His right arm was bandaged, and his hand covered with saturated tobacco. Standing quietly by his side I remarked the following symptoms: Trembling all over; rigors; hurried, laborious breathing; flushed face; eyes bloodshot and suffused with tears; great anxiety; voice tremulous and weak; extremities cold; pulse 110 to 115, small, jerky, wiry. Laying his hand over his heart, he said: "Here, doctor, I suffer the most. Hit's powerful sore. I know I'll die." Heart's action tumultuous; slight nausea; tenderness over the epigastric region; intense headache; photophobia; severe aching in back and limbs; tongue flat, spongy, with red edges; much mucus. When I had stripped off the bandages I discovered two small penetrating wounds on the dorsal surface of the hand, near the knuckle of the second finger, about three-fourths of an inch apart, from which oozed a watery substance, and around which the

tissues were of a greenish hue, shading off into yellow from the wound. His hand was considerably swollen, as was also the arm up to the shoulder. I was surprised to see in the totality of the symptoms such a *fac-simile* of the train of terrible symptoms I was combating in the city. The case was a miniature mirror, reflecting, as it were, the conditions of my patients in the city. With much confidence thought sped along the track of theory to conclusions ; from conclusions rapidly to action, thus : First stage of blood poison ; its similar, first stage of yellow fever. Is this true ? Law says yes. Of the second stage in either case I had as yet nothing to do. Take conditions as now.

Decision : Acon. 1st, 1 dr. to 5 oz. water ; 1 teaspoonful every thirty minutes till reaction sets in and perspiration freely follows, then every hour. I ordered his hand plunged in as hot water as could be borne ; hot bricks around and extra clothing over the patient. Result : Free perspiration in one hour, with great improvement in his condition. Passed the night comfortably, and at 9 A. M., or 24 hours from the time he was poisoned, I

found him resting easy. A marked yellow tinge of the entire surface, with eyes and tongue deeply tinged ; a general stiffness and soreness, with "tired feeling," took the place of the intense pain of the few hours previous ; heart still painful. The next day he was up, presenting all the appearance of one who had shook hands with Bronze John upon short acquaintance, and couldn't let go ; a deep yellow pervaded the entire surface of his body. A month later I met the patient again. His hand was still puffy, with a general soreness upon pressure.

Lesson : What cured ? Would he have recovered without treatment ? Would the second stage of this poison simulate the second stage of yellow fever ? Does Acon. presuppose septic poison ? Did the Aconite antidote this septic poison, and thus enable the victim to throw off its baneful effects ? If the law of *similia* is a fact, why then need an individual or a community suffer the fearful torments of yellow fever, when right at their very doors lies the antidote ? Will any one who has had experience in the treatment of this dreadful scourge enlighten us on these points ?

TREATMENT OF MISCARRIAGE.

BY

J. H. SHERMAN, M.D., Boston, Mass.

The chief thing that engages the attention of the physician in the treatment of miscarriages is the hemorrhage incident to it. I can think

of no more embarrassing position for a beginner in the healing art than attending a case of flooding in a miscarriage, and the hope to give

some definite directions for the conduct of such cases prompts me to pen this article. When called to a case of miscarriage with flooding, examine the patient carefully, to see if the fœtus or placenta are within your reach. If not, waste no time with forceps, hooks, etc., but proceed at once to tampon the patient. This should be done in the following manner: Provide yourself with a dozen small sponges, two or three inches in diameter; see that they contain no pieces of shell or gritty substance that will injure the vagina. Immerse them in warm carbolized water, then squeeze the water out, and proceed to pack them into the vagina, hard up against the os uteri. Pack the vagina as full as possible, with a sponge of larger size at the vulva, and over this a bandage of liberal dimensions, firmly

secured. You can now leave your patient in perfect security that she will not flood to death during your absence. In the course of twelve hours remove the sponges, and you will find the entire uterine contents lying at the upper end of the vagina. No Ergot, no Trillium, no Arnica or Ipecac necessary. Order the nurse to use vaginal injection of warm carbolized water night and morning, and the patient will make a good recovery.

NOTE BY THE EDITOR.—We would consider that very hazardous practice. *Internal hemorrhage* may, under such treatment, kill the patient, while her physician rests in fancied security during the twelve hours of absence, and when he returns he may find a corpse, in addition to the contents of the uterus. Better rely upon the recumbent position, and such remedies as Puls., Ergot or Ipecac, as the case and symptoms may require.

MALARIAL FEVERS.

BY

F. W. ADRIANCE, M.D., Watkins, N. Y.

As in various localities malaria differs in intensity and in the effect produced upon the system, a brief knowledge of the topography of this locality may be of interest. Watkins lies in the Seneca Lake valley, which extends from north to south, on either side of the valley and hills which rise to an altitude of from five to ten or twelve hundred feet. The principal part of the town is built on the flat at the head of the lake, although a portion extends part way up the side hill. Lying to

the east and southeast of the town is an extensive marsh, covered in the spring of the year with water, but during the summer nearly dry, except a limited area on either side of the inlet stream. This marsh extends from the head of the lake to Havana, a distance of three miles, is over a mile wide, and covered during the summer with a rank growth of marsh grass, wild rice, etc. Usually each Fall or Spring it is entirely burned over and all decaying matter destroyed.

Piercing the west hill is the Watkins

glen. A line drawn from the entrance of the glen due east would leave one-fifth of the town south of the line. This portion of the town usually suffers first in the season with malarial disorders and furnishes probably one-third of all the cases. The balance of the town suffering especially from malaria may be included in all that tract lying between the marsh and a line which I believe to be formed by a strong current of air, which comes down the glen, and as it loses its force is swept around to the north, when it exists, by the prevailing southerly wind. At Havana there are but few cases of malarial poisoning, and this may be explained by what I believe is a fact, that each morning when the fog is rising there prevails usually a south wind.

The water for drinking and culinary purposes is obtained on the flat by means of driven wells in nearly all cases; the pipes are driven from twenty-five to forty feet, and pass through a loose gravelly soil for twelve or fifteen feet, then strata of quick sand and gravel, in places through clay terminating in gravel. The water is probably mostly lake water which filters through the loose soil. It has been recently suggested to me, and I believe is worthy of consideration, that the increase of ague of recent years is partly due to the use of driven wells, which, from the character of the soil they pass through, allow poisonous matter, organic or inorganic, to filter down into the water and contaminate it. This theory has been advanced and accepted by many as the cause of the epidemic of malignant

diphtheria which prevailed here two years ago.

On the side hill the water is obtained from springs, or wells ten or fifteen feet in depth. While it may be a fact that the water used has something to do with the production of malaria, I believe that the poison is principally derived from the marsh. A peculiarity, and one which I have never observed in any locality other than this, is that not frost, nor even the coldest winter weather, brings with it an immunity from ague. I have known of cases which have continued with but slight intermissions for several years. As to the manifestation of the malarial poisoning, there is every degree of variation, from a slight feeling of languor or depression, which is constant or occurs periodically at a certain time each day or every second day, to a dangerous type of remittent fever, which, unless speedily brought under control, assumes a typhoid type of a very obstinate character. When it occurs as a pure intermittent, with chill, fever and sweat, the form most frequently taken is the tertian. With the great majority of the cases there is no regularity as to the stages mentioned. Often the chill is wanting while fever and sweat are present, or else there is only chill and fever, with no sweat. With many cases among children, at first the symptoms are more those of worms, there being the variable appetite, restless sleep, pain in stomach and bowels, etc., when, after three or four days, the true character of the disease is revealed by a chill. I find every reason to believe that which has frequently been advanced by those who

have investigated malarial poisoning, viz.: That it is a substance which does not rise but a few feet from the ground, unless it is carried by a high wind. The strong south winds which prevail at times I believe account for the presence of malarious conditions on the side hill.

Those whose sleeping apartments are on the second floor are not as subject to ague. In several families those who slept on the ground floor all had the ague, while those who occupied second floor rooms did not have it. Exposure to the early morning or the night air has a much greater tendency to the development of malarial poison than does the exposure of the person to the rays of the sun. As to the development of the poison in the system, I am of the opinion that in the majority of cases it cannot occur unless the system is weakened and reduced below the normal standard of health by some disease or depressing influence. In other words, malaria takes the advantage of nature while she is endeavoring to repel some inimical condition, and enters into the citadel of life. This depressed vitality may result from a cold, a slight irregularity of the bowels, or some temporary indisposition.

The greater prevalence of malarious disorders this season, in this locality, as well as in others, is, I believe, due to the fact that during the months of May, June and part of July the temperature has varied greatly, for several days the thermometer indicating from 95° F. to 100°, and then suddenly dropping down to 70° and 75°. During the hot days many would dispense with their underclothing, and not returning to its use colds ensued, soon, in many cases, fol-

lowed by malarious conditions. During the prevalence of malaria exemption from it is secured in the majority of instances by the constant wearing of flannel underclothing, as by its use the depression of the system by sudden changes of weather and temperature is avoided. In some cases, where there is constant exposure to malarial influences of an intense character, the system may be weakened till the disease obtains an influence. The treatment which is most efficacious and permanent in its results is obtained only through a careful application of Homœopathic law of cure and a knowledge of the pathological condition. (Just at this point I wish to call the attention of physicians who have to deal with malaria to a work on intermittent fever, by I. S. P. Lord, which I consider to be a valuable one.) While in some cases cures may result from the use of agents which at once stop the chills, yet I believe such treatment is only suppressant, and that sooner or later it will again return, and usually in a more obstinate form.

The remedies which I have found to be most frequently indicated are *Ars.*, *Nux vom.*, *Puls.*, *Cina.*, *Nat. mur.*, *Gels.*, *Eupator perf.*, *Ignatia* and *Cham.* I have tried the *Eucalyptus glob.* in several cases, but not with very satisfactory results. Frequently, after the paroxysm ceases, I have used with benefit some anti-psoric, such as *Cal. Carb.* or *Sulph.*, for the purpose of hastening complete restoration to health. Under treatment there are from one to four or five chills, usually, before the paroxysm ceases and convalescence is established.

THE PELVIS, AND THE DISEASES OF ITS ORGANS.

BY

GEO. H. TAYLOR, M.D., New York.

If the usual and familiar practice and its results be the proper test, there is no department of medicine involving greater difficulties than remedying affections of the organs of the pelvis, male and female. Whether these affections be regarded as local and surgical or medical, the usual treatment is prolonged, tantalizing and unsatisfactory to both physician and patient.

This is about equally true of the different modes and forms of treatment, so long as the radical difficulty is misunderstood, the purpose and effect being at best but temporary and palliative, rather than permanent and radical. Frequent calls for remedial attention are therefore necessitated; nothing is learned by the patient, and not the least protection against similar future dependence on makeshifts and palliatives is afforded, and the difficulty is constantly returning in more and more aggravated forms.

There is another and brighter side to this picture, which is now to be presented. The difficulties referred to are not really inherent, but casual. They arise from a restricted view of the facts involved; from mistaking and treating effects as causes; from trying to remove symptoms, while that which gives rise to them continues unabated; from giving prominence to diagnosis, while etiology is quite ignored.

The physician is hence more ready to comply with the instant subjective demand of the patient, than patiently to remove the real difficulty on which the symptoms depend.

Now the fundamental defects, giving rise to an almost infinite variety of symptoms to which this class of invalids are the prey, may be easily and clearly

understood, even by persons uninitiated in medical lore.

The removal of these defects is a rational problem, whose solution is eminently practical, only requiring a vigorous application of common sense. A favorable solution does not in the least depend on equivocal experimenting; success being assured from the beginning depends very little on the pathogenesis of drugs, the most prominent indications lying outside their domain; still less on wonderful mechanical inventions, as true cure obviates the need of these; and, what is better than all, the cures founded on the etiology are not only rapid, but radical and permanent to the last degree.

In order to arrive at the causes of pelvic affections, and the facts related thereto, with sufficient precision and definiteness for our purpose, it will be necessary to separately examine all the factors involved. We can then understand their relative value, and dispose of them according to their respective merits. Those belonging to mechanico-statics first claim attention.

Nature of the space included by the walls of the trunk.

The whole space enclosed by the walls of the trunk must be regarded as a unit. This includes the space above the diaphragm or chest, containing lungs and vessels; the abdomen, between the diaphragm and the wings of the pelvis bones, containing the digestive organs and appendages; and the pelvis, the inferior posterior offset of the cavity containing the bladder and rectum in the male, and in addition, the uterus and appendages in the female.

This space is a flattened ovoid in shape, the largest being the perpen-

dicular diameter of about 24 inches, while the irregular transverse diameter averages about one-half, and the antero-posterior, which is exceedingly variable, may be assumed to be about one-third of the same.

These usually recognized mechanical divisions have scarcely more than theoretic existence, but serve to fix the location of contained organs. These distinctions do not in the least indicate the functions of the cavity as a whole; for the diaphragm is too thin, elastic and mobile to have independent action, while the upper boundary of the pelvis is a simple narrowing of the cavity by the including pelvic bones to a superficial area of 12 or 15 square inches. The pelvis is, however, further marked by a deflection backwards of the axis of the common cavity.

Physical properties of the contents of the cavity of the trunk.

The visceral organs, which fill this cavity, have several orders of quality. They are endowed with a variety of vital functions; and they also have the physical properties of weight, inertia, consistence, etc. These physical properties are in common with matter, and vital phenomena do not in the least abate or suspend universal law, but always co-operate with it. These physical properties must be estimated aside from other properties; it is the neglect of this that has heretofore led to false conclusions and bad practice.

The mass of visceral contents, embracing all the organs, however varied in structure, and weighing say 15 or 20 lbs., completely fills the cavity, leaving no vacant space. Variations in this mass are regularly produced by the introduction of air into and extrusion from the lungs; also by variable quantities of good air in the digestive organs. All these variations are indicated by corresponding variations of size of the trunk, and do not give rise to in-

terior spaces, alternately filled and empty.

This visceral mass is of soft and yielding consistency—water and air entering largely into its composition, and it partakes largely of the physical qualities of both; and it readily yields to all impressions made by external forces.

This mobile or yielding property is greatly enhanced by the easy gliding upon each other of the separate organs, promoted by their smooth and lubricated surfaces. These qualities conjoined enables the mass to act within certain limits, as would fluids similarly situated. It obeys gravitation like other bodies, and the pressure it exerts is not strictly confined to the downward, but is distributed in all directions; in short, the laws of hydrostatics are practically applicable when this is not modified by other laws.

What must be the effect of this law, acting unopposed, is readily seen. The containing walls on all sides are subjected to pressure in proportion to the perpendicular height of the contents. If these contents have the specific gravity of water, then the lower boundaries of this mass (which forms the pelvis) have a pressure of about one pound for every square inch of surface. The 30 or 40 square inches of interior surface of the cavity consequently receives an aggregate pressure of about the same number of pounds whenever this pressure is allowed to be operative.

An additional principle of structure and mechanism must now be separately considered.

To aid our conception of physical relations, the organs within the trunk have been regarded as a homogeneous mass. They are this, but something more. For, pervading the whole mass and ramifying throughout its whole extent, is a system of connected tubules filled with fluid—blood—in motion.

The contents of these vessels are sub-

ject to the same laws of gravitation. The interior pressure of the water of these vessels is usually balanced by that above described as belonging to the mass, whenever some intervening power does not suspend its sustaining effects. Neither the intricacy of connection of these vessels, their tortuosity, or the onward motion of the contained fluid, can in the least diminish the effect of gravitation. The pressure at the lower or pelvic portion is necessarily similar to that described as belonging to the mass itself.

There is one circumstance connected with these parts and with the mechanism of these parts which doubtless has a vast pathologized significance. The support of the capillaries, derived from the pressure common to the mass, is periodically removed, in part at least, near the outlets of the pelvis. This allows—transiently, at least—the interior to exceed the exterior pressure, and is equivalent, mechanically, to obstructing the upward flow of blood. Now the dilatability and perviousness characteristic of capillaries are increased just in proportion to the degree of excess of interior over exterior pressure. This fact may explain how the condition of the capillary network in the vicinity of the outlets often requires consideration and treatment distinct from the organic parts or masses.

Acting solely in obedience to physical law, there necessarily follows great fullness, followed by excessive distension of the network of tubules (or capillaries, as we may now call them) which pervades the organs nearest these pelvic outlets.

This condition of the fluids, both outside and inside the vessels, will continue indefinitely, or till some counterbalancing condition and law shall interpose.

It hence appears that unrestrained physical law operates in different ways,

according to the physical nature or quality of that which receives its effects. It exerts a direct hydrostatic pressure upon the organs of the pelvis. It also restrains the return flow of fluids, especially the contents of the capillaries, by diminishing at points the calibre of the vessels, and also by frequent fluctuations in their support.

We will consider the operation of these causes separately.

Displacements.—The unrestrained gravitation of the contents of the trunk will compress and displace downward, or in the direction of the least resistance, any or all the organs of the pelvis.

The rectum would be subject to compression, causing folds in its membrane, mechanical obstruction of its vessels, accumulation of blood in and distension of its capillaries—in short, the production of *piles*. The same cause would compress the *bladder*, diminish its containing capacity, and obstruct the circulation in its lining membranes. *Varicoeles* might be another effect of the same cause.

The *uterus* and its appendages would be displaced downward or sidewise, or flexed in any direction, depending on the resistance offered by the perineum or other obstacle against which it may impinge.

The common remedy for displacements of all kinds is support, usually below the part supported. It is most singular that neither patient or physician appear to think of restoring the lost power of support, but only of substituting something in the place of and doing away with natural support.

This procedure, as well as the process of repositing by any method, aims only at effects. However perfectly any instrument may be applied, it has not the least influence on the gravitating tendency. In nature, the contents of the pelvis are not sustained in that way; and all processes are deceptive and ulti-

mately disappointing, which do not include the restoration of the natural supports, as these exist in health.

Local hyperæmia and its effects.

The majority of chronic affections may be referred back to an initial stage of loss of power of capillary vessels and of control of their contents, known in medical language as *hyperæmia*. The causes of hyperæmia are therefore the causes of a multitude of derivative effects. Obstructions of the returning circulation, physiological and mechanical, are among these causes; and the mechanical, produced as above described, is certainly a most important factor in hyperæmia of organs or parts of organs near the pelvic outlets, quite defying remedies while it continues. As, however, we are for the present confined to physical considerations, the morbid consequences of local hyperæmia flowing from this source only, will be referred to here.

The natural effect of hyperæmia is *effusion*. Some portion of the fluid contents of the vessels are transferred, permeate the walls, and find lodgment outside. This diminishes interior pressure—relieves one symptom and produces another. When the mucous membranes of the rectum, the vagina, womb, etc., are the seat of such transfer, the effect is said to be catarrhal; subject, of course, to local modifications corresponding to the peculiarities of location, tissue, etc. Theoretically this effect is comparatively wholesome, and is just what is sought by numerous local applications. The opposite theory is sometimes practically adopted, and such discharges are repressed by direct local medicaments. It is plain, however, that neither procedure effects anything whatever toward removing the cause. The local medication can neither diminish gravitation or interpose any counteracting principle, and is therefore only of transient effect and can produce not the least permanent benefit.

Effused matters brought to the pelvis through the circulation may fail to reach a mucous membrane, and to be thus disposed of in the form of catarrh or local surface disease. The enforced over-supply is consequently retained in contact with the vital tissue of some pelvic organ. This retained substance is essentially nutritive and perhaps semi-vital. The changes it suffers are imperfectly controlled by vitality. Either low organization, forming superaddition to tissue, will follow, or else some form of degenerative change, according to the degree of a vital influence. Tumors of different kinds, abscesses, ulcerations, etc., are the varied products of effusion, under the circumstances.

No local remedy can by any possibility do more than transiently remove the effects of the condition described. Radical cures can never result from anything short of removing the potential cause of interstitial effusion.

The majority of pelvic affections are a product of the union of the two causes described. For example, dysmenorrhæa, produced by mechanical flexure and obstruction of the cervical canal; menorrhagia, from prolonged hyperæmia of the whole pelvic region. Other organic changes and aberrations of function are explicable on the principle of variations in the effect of the same general causes.

The correctness of the principles herein shown is confirmed in a way remarkably satisfactory. Affections of the pelvic organs are strictly confined to the human species. In the human species only does the gravitating mass included in the trunk act in the direction of the pelvis. In all other living creatures it acts in a contrary direction. And this tendency of motion *from* the pelvis is increased by every step and by nearly every voluntary act—the faster, the more pronounced this effect, actually drawing the mass *from* the pelvis, and so effectually obviating any possibility

of either displacement or deformity of the important organs within the pelvis. Hyperæmia and its outgrowths are rendered impossible for similar reasons.

Our next duty is to show what are

the special forces provided by nature as well as vital laws, which effectually obviate pelvic affections. From this knowledge all actually controlling therapeutic hints are derived.

NOTES ON GELSEMIUM.

By T. M. TRIPLETT, M.D., Pana, Ill.

CASE.—*Itching of the skin without eruption, worse at night and from warmth.* This was an acute case. Mercurius and Sulphur were given successively without benefit. Gelsemium, 2d decimal dilution, given in 5 drop doses every 2 hours, cured promptly and permanently.

CASE.—*Acne, acute red pimples on the face.* Belladonna, Rhus. Tox. and Sulphur failed to do this case any good.

The continued use of Gelsemium, 1st decimal dilution, completely cured. It is known that this complaint, occurring usually on the faces of young people, is hard to cure. For it is generally caused by sexual irregularities that will not be abandoned till marriage. I believe Gelsemium is a capital remedy for this affection, which is always so mortifying to those afflicted with it.

PAROTITIS AND ITS SIMPLE TREATMENT.

BY

C. H. VIEHE, M.D., Freelandville, Ind.

There are three different varieties of parotitis mentioned in therapeutical works and met with in practice, namely: 1. The Idiopathic; 2. The Symptomatic, and 3. The Metastatic form. Of these, the first is the only one this article has reference to in special, as this form is the one most frequently met with.

This is one of the diseases in the treatment of which homœopathy may celebrate its most brilliant success.

In treating this disease we will, in the greatest number of cases, and nearly in the whole process of its development, find Merc. Sol. 2x one of the

most successful remedies, which I generally administer at intervals of three hours. Sometimes, and especially when the swelling is attended with much fever, heat and shining redness, Belladonna 2x and Aconite 2x or 3x may be interposed. Some other remedies, such as Hepar, Rhus., Sti., may be called for in some instances.

In conclusion, I shall refer to an external application which I have found to be one of the very best, and beneficial in this disease in reducing the swelling and mitigating the pain. This is a poultice of Sambucus Nigra flowers, heated and moistened with

good vinegar, applied at night before retiring, kept *in situ* by a bandage or a handkerchief, and left on all night, and, if necessary, to be re-applied the next night, or even during the day-time. The flowers I always use in the dried state. This is the very best external application I have ever seen, and will reduce the swelling generally in the course of one night.

I could present many cases treated to illustrate this article, and have not as yet noticed a single one it failed to rapidly cure. I may give some in a future number of this Journal.

N. B.—The flowers referred to are not the *S. Nigra*, but the common Elder.

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS,

IN THE AMERICAN INSTITUTE OF HOMEO-
PATHY.

Special subject to be reported on and discussed at the meeting in Milwaukee, June, 1880: The Limits of Drug Attenuation and of Medicinal Power, in Homœopathic Posology.

I. The Proofs of Drug Presence and Power in Attenuations above the Sixth Decimal:

1. As furnished by the tests of Chemistry; W. L. Breyfogle, M.D.

2. As furnished by the Spectroscope and Microscope; C. Wesselhoeft, M.D., J. Edwards Smith, M.D.

3. As furnished by the Tests of Physiology; T. F. Allen, M.D., Lewis Sherman, M.D.

4. As furnished by Analogy from the field of Impalpable Morbific Agencies; J. P. Dake, M.D.

II. The Proofs of Medicinal Presence

and Efficacy in Attenuations above the Sixth Decimal:

1. As furnished by the Tests of Clinical Experience in the use of Attenuations ranging from the sixth to the fifteenth decimal; J. F. Cooper, M.D.

2. As furnished by Clinical Experience in the use of Attenuations ranging from the fifteenth to the thirtieth decimal; A. C. Cowperthwaite, M.D.

3. As furnished by Clinical Experience in the use of Attenuations above the thirtieth decimal; C. H. Lawton, M.D., H. M. Paine, M.D.

At the last meeting of the Institute this Bureau reported upon the "History, Methods and Means of Drug Attenuation," in an exhaustive manner. The reports of the current year, passing from the domain of pharmacy somewhat into that of posology, will complete a work of vast importance for homœopathy.

The Bureau will be pleased to receive items of information and experimental aid from members of the profession, and also from scientific persons outside who may be interested in any division of our subject.

J. P. DAKE, M.D., *Chairman.*

Nashville, Tenn.

THE NEW YORK OPHTHALMIC HOSPITAL FOR THE EYE AND EAR, CORNER THIRD AVENUE and 25D STREET.—Report for the month ending Sept. 30th, 1879: Number of prescriptions, 3,276; number of new patients, 488; number of patients resident in the hospital, 26; average daily attendance, 126; largest daily attendance, 182.

J. H. BUFFUM, M.D.,

Resident Surgeon.

THE
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EDITORIAL.

MEDICAL ETHICS.

The code known under that name, and which is so often referred to by many physicians as the standard by which the physician of every school is or ought to be governed, is really a remarkable compound. Not many physicians have ever taken the trouble to read or examine it, and those who have, have generally laid it aside with a smile at its puerile and bombastic composition.

It is divided into three parts, the first of which has two, the second seven, the third two subdivisions.

It professes to lay down rules for the conduct of physicians towards their patients and towards one another, and as it regards their general professional conduct; while it at the same time

points out the obligations of the public to the profession, and the duties of the patients to their medical advisers.

The absurdity of prescribing the duties which the laity owe to the profession must appear patent to every reader.

When a person employs a physician he does so on the same principle on which he employs a lawyer or a clergyman—to obtain services beneficial to him, for a remuneration which he deems adequate, without any more constraint than that which *he* deems just, or which may be acceptable to both employer and employee. Beyond this no sensible man will consent to be restricted. What an absurdity, then, to lay down rules which cannot be made binding upon parties over which they cannot have any possible control. The conduct which is expected of any gentleman or lady is all that can be required or expected.

But the main object of Medical Ethics seems to be to prescribe fixed rules for the medical practitioner. The practice of medicine is a business, and can be conducted successfully only on business principles.

The physician who wishes to succeed need not be told that he must be a persevering student, faithful in attendance to his patients, never risking their lives rashly, when counsel with others might enable him to preserve them. Neither can he be ignorant of the fact that a gentlemanly behavior to his colleagues is essential, if he would preserve the respect of his brethren as well as that of the laity.

If he is not a gentleman, then all the rules of Ethics will not make him one, or cause him to observe the rules laid down.

Neither are these rules of any legally binding force. A violation of them may draw upon him the censure of his colleagues, it cannot deprive him of the right to practice his profession.

Of what avail are they, then? Of none, except to show future generations the lofty, bombastic tone, and the profusion of words, with which the authors simply meant to say: A physician ought at all times to be a gentleman; and if they would have added a God-loving and God-fearing man, these few words would have been all-sufficient.

But these rules go in some instances much farther—*e. g.*, they prohibit the young practitioner to make known to the public, by means of the secular press, that he is a graduate and offers his services to the public; or if he is a specialist, that he offers his services in his specialty. If he does so he is at once ostracized as a quack, a charlatan. Why should such a plain business proceeding, which is not condemned in other legitimate avocations, be such a crime in the medical profession? Is it so much superior to all others, the law included? Older practitioners have frequently an indirect way of making their professional skill known to the public of which the young physician is deprived, and yet they need it most during the struggle attending the first few years of their professional career.

Is it not time, therefore, to cut loose

from all these effete rules of a narrow-minded age? Abolish a senseless code of Ethics, and substitute the rules that every physician should at all times conduct himself as a gentleman in his intercourse with the public as well as with his colleagues, otherwise to be excluded from all medical associations? More anon.

THE GRADED COURSE IN MEDICAL COLLEGES.

The graded course of three years (it ought to be four) has long been felt a necessity in our medical colleges, in order to enable the medical student to acquire at least a tolerable proficiency in all the branches now taught in these colleges. It will, to some extent at least, secure to the graduate a firm foundation on which to build his future acquirements and researches.

The Homœopathic College of New York deserves just praise for having taken the lead, in the city of New York, in introducing this much-needed reform, and we are glad to see that Bellevue Medical College, one of the most enterprising of the colleges of the Old School in this State, is adopting the same course. The enterprising Faculty of our college in New York have for years past steadily improved their mode of teaching, and added constantly to the facilities for acquiring a medical education. Neither need Bellevue fear any diminution in the number of her students in consequence of having adopted the three years' course; for the attendance in the Homœopathic College since the adoption of this course has

not only not diminished, but has even increased considerably. Students that are worth having will always seek institutions where learned professors, who are also *able teachers*, provide the best means for thorough instruction.

Preliminary examinations, which prove the candidates at least to have acquired an ordinary English education, with some knowledge of the Latin and Greek languages, ought now to be added to the requirements. Boston University has set an example which ought to be followed by all medical colleges.

Professor E. C. Franklin, we are pleased to learn, is preparing a second edition of his work on surgery. One hundred pages are already prepared for the printer. It will be a systematic, complete and comprehensive work, including all the recent improvements, as well as all the clinical gleanings for the treatment of surgical cases that have been made known to the profession up to the present time. Many new and interesting operations will be added. It will no doubt gladden the hearts of our colleagues to learn that this important work will be issued early in 1880.

REVIEWS AND NOTICES OF BOOKS.

A GUIDE TO HOMŒOPATHIC PRACTICE. Designed for the use of families and private individuals. By I. D. Johnson, M.D. Boericke & Tafel, New York, 145 Grand St.; Philadelphia, 635 Arch St.

This adds one more to the number of Domestic Physicians, of which our school has already so formidable an array. We have always doubted the utility of these books, for as the author himself avers in his preface, no one can be a successful practitioner of Homœopathy who has not devoted years to its study, after having previously studied all the other branches of our profession taught in our medical schools.

If our laymen need a domestic aid for help in cases of emergencies, it ought to be a little book of not more than thirty or forty pages, large enough to contain all the advice required in such cases.

But Dr. Johnson's 'Guide' is by no means without its use. It will be a welcome aid to many a young physician, who is too indolent or too busy to study up his cases in the more laborious but more reliable method taught in our schools.

The definite and precise way in which he indicates his doses will cause many an old practitioner to smile.

But his directions as to diet are valuable features of a book of this kind, and will be appreciated by many of his readers.

The book is got up in elegant style, with clear print, good paper and substantial binding, and will be appreciated not only by the physicians already indicated, but also by laymen who like to dabble in the practice of medicine.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, A.M., M.D., Clinical Professor of

Dermatology, Starling Medical College, O. Nos. 1 and 2. E. B. Treat, 805 Broadway, New York.

This is one of the most valuable additions to our literature of dermatology. Books may describe and lectures explain the diseases of the skin in lucid terms, and discourse learnedly and profoundly on the nature, cause and cure of these diseases; but they will be greatly aided in their efforts to impress their reader or audience if they can enlist the eye and interest it, by holding before it an exact representation of the appearance of the diseased parts.

The author of the "Illustrations," himself a leading specialist, deserves the thanks of the profession for the beautiful and life-like illustrations of skin diseases he has given us. No student of dermatology or physician who pays any attention to this branch of practice of medicine will be willing to do without, after he has once seen and examined these beautiful plates, so full of instruction.

DISEASES OF THE LIVER. By Dr. Fried. Theod. Frerichs. Vols. II. and III.

These volumes complete the clinical treatise upon the liver, and are the fourth and fifth volumes of Wood's Library of Standard Medical Authors.

These concluding volumes upon the subject embrace many rare and interesting diseases, and many of them little known to the profession generally, and as works of reference they will prove invaluable.

DISEASES OF THE INTESTINES AND PERITONEUM. By Drs. Bristowe, Wardell, Begbie, Habershow, Curling and Ransom.

This is the sixth volume of Wood's Library of Standard Medical Authors.

The volume consists of a series of articles by the above-named authors, all of which are able and instructive,

and they convey much information about these organs that are not so generally dwelt upon at length, but in this instance they are exhaustively treated. We are glad to see articles of this kind collected and published, thereby giving the profession the benefit of great experience.

AN ILLUSTRATED REPERTORY OF PAINS IN THE CHEST, SIDES AND BACK: Their duration and character. By Rollin R. Gregg, M. D. Duncan Brothers, Publishers: Chicago.

This work is the result of extensive research, and is particularly reliable, as the author has been a sufferer from pulmonary troubles, and has, therefore, verified many of the symptoms upon himself.

The volume will be of the greatest possible value to the accurate observer, while to the generalizer it will be of little or no use. It is illustrated by diagrams of the trunk, giving the direction and location of the pains, which are indicated by arrows pointing to the part. We recommend it to the careful student as a work that may aid him materially in finding the true remedy.

CONDENSED MATERIA MEDICA. By C. Hering, M.D. Second Edition. More condensed, revised, enlarged and improved. Boerbecke & Lefel. New York and Philadelphia.

We are sincerely glad that the author of this "Materia Medica" has been induced to give us a second edition of his work. The first edition was justly welcomed by the disciples of the homœopathic school as a valuable contribution to our literature, and also as an effort in the right direction, to condense, lop off all the superfluities, the doubtful symptoms, and give only the reliable symptoms of the remedies contained in his work. In this second edition the author has certainly improved upon his mode of condensing

as followed in the first, though we have still retained the 48 chapters (sections?) into which the symptoms of each remedy are divided. Some of the remedies in this volume are hardly entitled to so many sections. The work is nevertheless one which every practitioner will find of practical assistance when he wishes to be accurate in selecting the right remedy in order to cure. It is beautifully got up, and both type and binding have been evidently selected with a view to make it an acceptable book of reference.

HOMŒOPATHIC THERAPEUTICS. Second, revised and enlarged edition. By S. Lilienthal, M.D., Professor of Clinical Medicine and Psychology in the New York Homœopathic Medical College. Boerecke & Tafel, New York.

It was a great loss to the publishers of this work when the flames destroyed so many valuable copies of books on various subjects published by them. But their publications thus destroyed have, Phoenix-like, arisen from the ashes in a renewed form. Their loss is the reader's gain.

The "Therapeutics" was one of the number destroyed, one of the best on the subject in our school that has been published on this side of the Atlantic. In writing this book the author had evidently collected the best information from the most reliable sources, and, added to his own extensive clinical experience, had so arranged all, that the medical student will find the "Therapeutics" a reliable teacher, and the physician a good counsellor, when one is needed.

This, the second edition, is, moreover, free from any of the blemishes which in some instances disfigured the first.

All who buy a copy of this edition will have a book which ought to be in every homœopathic physician's library.

STUDENT'S POCKET MEDICAL LEXICON.

By Elias Longly. Lindsay & Blakiston, Philadelphia.

This little volume is more particularly intended for students of medicine, to whom it will prove a valuable aid. The author claims that it is the only medical lexicon in which the pronunciation of words is fully and distinctly marked, and that in the matter of definition he has sought as great a brevity as accuracy and clearness of meaning would permit. He has certainly succeeded in compressing a great amount of definition in a very small compass. The book can be carried in the pocket without any inconvenience, and thus can be consulted when larger works are not accessible.

MICROSCOPICAL STUDIES ON ABSCESSSES OF THE LIVER. By J. C. Davis, M.D. G. P. Putnam & Sons, New York.

Dr. Davis has devoted much of his time to the study of microscopy in connection with hepatic diseases. In his monograph on abscess of the liver he has given us a clearer view of the nature, formation and progress of that disease than can be obtained by reading any of the larger works in which the disease is described. A more extended work on that subject from his pen would be of great service to the profession.

EYESIGHT, AND HOW TO CARE FOR IT.

By George C. Harlan, M.D., Surgeon to the Wills' Eye Hospital. Lindsay & Blakiston, Philadelphia.

This is the fourth volume of the American Health Primer series. The subject of which it treats is of general importance, not only to physicians, but also to the laity. It is a book especially for laymen; we notice it, therefore, more particularly in order to urge our professional brethren to call the attention of the members of the families who look to them as medical advisers for the

information which this little volume contains. How many have lost their eyesight at an early age simply for want of just such knowledge as is here offered to them in so agreeable a form! The three last chapters, on spectacles, practical suggestions for the care of the eyes, and the effects of school life upon sight, are alone worth more than twice the price of the book. The physician, as well as the layman, can gain valuable hints from a perusal of its pages.

BOOKS AND PAMPHLETS RECEIVED.

MICROSCOPICAL STUDIES ON ABSCESS OF THE LIVER. By J. C. Davis, M.D. G. P. Putnam & Sons, New York.

CONDENSED MATERIA MEDICA. By C. Hering, M.D. Second Edition, Boericke & Tafel, New York and Philadelphia.

UNSERE HAUSTHIERE. Handbuch der rationellen Zucht, Ernährung und Pflege. Von William Loebe. Dr. Wm. Schwabe, Leipzig.

HANDBUCH DER HOMŒOPATHISCHEN ARZNEIWEISUNGSLEHRE. Von Dr. Med. Carl Heinigke arzt in Leipzig, 1879. Dr. William Schwabe, Leipzig.

THE INCOMPATIBLE REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA. By Charles Moxon, M.D. Boerecke & Tafel, New York: 145 Grand Street.

IS THE HOMŒOPATHIC SCHOOL UNSECTARIAN? IS ITS PRACTICE BASED ON AN "EXCLUSIVE DOGMA"? By H. M. Paine, A.M., M.D. Weed, Parsons & Co., Albany.

THE INCOMPATIBLE REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA. By Charles Mohr, M.D., Lecturer on Homœopathic Pharmacutics. Boericke & Tafel, New York.

A TEXT-BOOK ON ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY. By John Butler, M.D., L.R.C.P.E., L.R.C.S.I. Second Edition, with 51 wood-cuts. Boerecke & Tafel, New York.

HOMŒOPATHIC THERAPEUTICS. By S. Lilienthal, M.D., Professor of Clinical Medicine and Psychology in the New York Medical College, etc. Boericke & Tafel, New York and Philadelphia.

THE HOMŒOPATHIC LAW OF SIMILARITY. An Open Letter to Professor Justus Baron von Liebig. By Dr. von Granvogel. Translated from the German by Geo. E. Shipman, M.D., Chicago.

THE GROUNDS OF A HOMŒOPATH'S FAITH. By Samuel A. Jones, M.D., Professor of Mat. Med., Therapeutics and Experimental Pathogenesis in the Homœopathic College of the University of Michigan. Boerecke & Tafel, New York: 145 Grand Street.

THE MEDICAL, SURGICAL AND HYGIENIC TREATMENT OF DISEASES OF WOMEN, Especially those Causing Sterility. Second Edition, with 55 illustrations. By Edwin M. Hale, M.D., Professor of Mat. Med. and Therapeutics in the Chicago Homœopathic College. Boerecke & Tafel, New York.

OPENING OF THE TWENTIETH ANNUAL SESSION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

Address of DELAVAN C. SCOVILLE, ESQ., President of the New York Educational Society.

The twentieth annual session of the New York Homœopathic College was formally opened on Tuesday evening, Oct. 7th. A large audience, composed principally of students of medicine, crowded the spacious amphitheatre. After a prayer by the Rev. Dr. Corbett, Prof. Dowling, Dean of the College, made a short address of welcome to the students, in which he referred to the continued prosperity of the college. Upon closing the Dean introduced Delavan C. Scoville, Esq., President of the New York Educational Society, who held his audience for over an hour by a

most able, eloquent and interesting address, of which the following is an abstract :

The student of medicine has adopted the most difficult and exacting of all the professions, in the successful pursuit and practice of which he must toil hard and constantly. The miracle of life that is perpetually wrought in the human body depends upon the action and reaction of a mechanism so complex in its structure, so various in its forces, so multiform in its operations, so delicate in its adjustments, that he who deals with its disorders and disarrangements may well believe that Nature herself can restore its proper action. Harvey discovered the circulation of the blood in the same decade that saw the first colony planted on Manhattan Island. Yet the involuntary contraction of the heart and arteries is unexplained. We do not know the process by which the chemico-vital force is supplied in the capillary passages, nor are we fully acquainted with the genesis of the blood cells. The rapidity of nerve action has been established, but we do not know the exact nature of the nerve force, and science fails to explain the process of its generation. Yet medicine is the most learned of all the professions, if by learning we mean the knowledge of the greatest number of facts essential or conducive to human happiness. Within its ranks are the most earnest and devoted men of these busy times, who are pushing outward the lines of discovery in all possible directions. The young man who enters this profession with the expectation of achieving success or winning distinction must bring to his tasks all the firmness and courage of his nature. He must work hard early and late, and not be too sparing of his vital force.

A liberal education promotes professional success. Medical students who have had a thorough course in science,

or even in classics and mathematics, begin their professional studies at great advantage. Their previous studies have given scope to their perception and judgment, and trained their minds to sound reasoning and correct methods of inquiry. The study of art, literature or history brings one into sympathy with the best minds of all times, and thus furnishes a healthy mental stimulus. Moreover, it enlarges the capacity for knowledge. The student should strive to maintain the dignity and distinction of that good old word, "doctor"—a learned man. Whatever gives the mental faculties greater range, and tends to lift the student to the level of the times, in measure frees his mind from prejudice and ignorance. Biology has peculiar claims upon the student of medicine. Admitting that its present tendency is strongly towards materialism, it is evident that materialists must come, sooner or later, to acknowledge that between mere physical action of the brain and what is termed consciousness, exists a void which even the imagination itself cannot bridge. There can be no better field for the exercise of observation and judgment than biology, because of the vast number and complicated character of the data which it presents. But it must be remembered that the domain of the material embraces but a portion of man's nature, and that by no means the higher portion. There is a spiritual science as well as a material science, and the only true course of the student lies in the conscientious co-ordination and equal pursuit of both. Undue cultivation of the spiritual leads to superstition. Undue cultivation of the material tends to destroy moral force, and results in selfishness and fatalism.

The student of medicine should cultivate a spirit of toleration. The science of medicine presents a great number of unsettled questions, the true

solution of which will be determined only by the most patient, laborious and accurate research, by the critical and rigid observation of facts, and the utmost skill in analysis, comparison and classification. We might reasonably expect that in the pursuit and practice of an art which is beset by so many difficulties, and which concerns itself with the relief of human misery, the mitigation of pain, and the protection of life, there would be exhibited the broadest liberality, and a common desire to know the truth, under whatever form presented, or by whomever advocated. But the history of medicine disappoints this reasonable expectation. In no other profession has there been such servile submission to authority, such unquestioning deference to tradition, such bitter opposition to new discoveries. No other profession has suffered its chief benefactors to be so wickedly persecuted, calumniated and traduced. Harvey hesitated to publish his great discovery in vital mechanics lest he should "make mankind his enemy"; and when, at last, he did announce it, certain of his professional brethren imputed it to him as a crime, that he had thus convicted preceding anatomists of error and unsound teachings. Jenner's discovery of vaccination was greeted with derision, and he was publicly ridiculed and abused by men eminent in the medical profession, who had not tested his alleged discovery. Hahnemann, of spotless purity of life, was described as little less than a beast, for no other offense than making known a beneficent principle in medicine.

The best way to acquire a spirit of toleration is to learn to love truth. If you love truth sincerely, supremely and for its own sweet sake, your minds are in that condition of easy receptivity that makes true wisdom attainable. Love of truth is coming more and more to

distinguish the scientific mind of the age. Dogma and tradition are losing their hold upon men's minds. The bitterness of schools and doctrines is passing away. Medical creeds are filling a smaller place in men's thoughts, humanity a larger. Henceforth appeal must be made to facts, and facts alone.

In the conquest upon which you have entered you have, as allies, God, Nature and Truth. Your warfare, if wisely waged, is one over which no human heart will ever weep, no angel eye ever sadden. Your ministry is of the holiest, for to you it is given to teach the discipline of suffering. You will enter into the innermost sanctuary of the great temple of the family. You will stand beside the broken altars of domestic love. You will sit by the hearthstone whereon the fires of household affection never die out. You will be at the bedside of the dying when grim Death triumphs over your skill and defeats your art. Yours will be the hand that receives the newborn babe naked from the Creator, and shrouds the old man in the vestments of the grave. Might each of you take upon himself the vow that Hippocrates required of every student who entered the temple over which he presided: "I swear by the physician Apollo, and Æsculapius, and Hygæia, and Panacea, that, according to my ability, I will keep this oath and stipulation. With purity and holiness I will pass my life and practice my art. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption. Whatever—in connection with my professional practice, or not in connection with it—I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath inviolate, may it be granted to

me to enjoy the practice of the art respected of all men, in all times; and should I trespass and violate this, my oath, may the reverse be my lot."

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of the Massachusetts Homœopathic Medical Society was held in New Era Hall, Boston, Wednesday, Oct. 8th. After the reading of the records of the last meeting, and the usual short address of the President, the following persons were elected to membership:

Charles B. Hall, Rockport; Eliza L. Campbell, Attleboro'; Laura W. Copp, Chelsea; John H. Payne, Boston; Charles R. Brown, Lynn; F. L. Babcock, East Dedham; George W. Wild, Jr., Ipswich; W. C. Day, Allston; B. T. Church and Adaline B. Church, Winchester.

Then followed reports from the following committees: Climatology, Surgery, Materia Medica and Clinical Medicine. Dr. O. S. Sanders, of Boston, read a most elaborately prepared and valuable paper on Homœopathic Materia Medica.

These contributions were also submitted: "Colorado as a Sanitarium," by J. H. Woodbury, M.D., Colorado Springs, Col.; "Miasm," by David Thayer, M.D., Boston; "Diphtheritic Croup," by H. K. Bennett, M.D., Fitchburg; "Two Cases of Albuminuria, cured by *Uranium Nitricum*," by Geo. H. Payne, M.D., Boston. "A Case of Trismus and Tetanus Cured by Electricity," by Geo. A. Adams, M.D., Webster. "Two Cases of Post-Scarlatinal Dropsy," by W. H. Lougee, M.D., Lawrence; "A Case of Addison's Disease," by J. Hedenburg, M.D., Denford.

EAR ABSCESS.

Over the mastoid, right side very tender. Gave *Hepar Sulph.* 6x, and was

in the act of opening the meatus, when the pus came through the wall of cartilage. The history of the case a very common one. He had been poking the ear with a hairpin. It was no doubt the cause of the abscess behind, but curious enough that it should come there, and then open so easily through the cartilage, the usual pin-hole opening of the ear. *Query*—Had he one first in the meatus before he came to me? I saw no evidence of it. In recent cases of deafness, *Hydrastis Can.* 3x has done me good service.—*Dr. Üssher.*

PUBLISHERS DEPARTMENT.

—One of the valuable exchanges of the allopathic school which comes to our office is the London *Lancet*, (New York reprint) which is issued simultaneously from advance proofs, with the London journal. Price is \$5 per year.

—The preparations of the Health Food Co. have been largely prescribed by some of our most eminent practitioners, who have sought out and discerned the substantial virtues of the goods of their manufacture. One article is not offered to secure the cure of every ailment, but different combinations, each of which are peculiarly adaptable to the relief of some disorder. We can cordially recommend "white wheat gluten" as a most valuable adjunct to the usual remedies in dyspeptic troubles.

DRS. WALKER & EVERETT,
Homœopathic Physicians & Surgeons,

OFFICE 356 LARIMER STREET,

Jas. M. Walker, M.D. A. S. Everett, M.D.

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♦♦♦
PSORA.

BY

J. B. WESTCOTT, M.D., Goodland, Ind.

The subject to which I am about to call attention is of a nature to which but little regard is paid by the practitioner of to-day. I am aware that it is still a mooted question among very many of the members of the Hahnemannian school. Some think the Psoric theory too far fetched and too finely spun to pay any regard to it. Others are too indolent, and there are those who are ignorant that any such idea exists in our school. Very many who are aware of its existence are too timid to give it a proper regard in our system of pathology; they are very sensitive to the sneers of our enemies, and are in consequence made to suffer loss. But he who is so sensitive as to abandon a position founded upon the inscrutable

laws of nature as well as the observation and experience of the brightest lights whose thoughts have flashed and shed their effulgence upon the pages of medical history is, I hold, to be deemed unworthy to be classed among the followers of Hahnemann. He who will endanger human life through fear of an ignorant scorn ought not to be allowed access to the bedside of the sick. And they who are too indolent to avail themselves of the truths embodied in the Psoric doctrine as promulgated by Hahnemann deserve to be ignored by the entire Homœopathic school. There are many of, and I may say with truth, all of the adherents of the old schools, freighted with the medical lore of ages and held within the limits of the parch-

mental diploma and the curriculum of study therein implied, who laugh with derision and scorn at the idea. But can they afford to thus ignore the teachings of the founders of medicine? Can they by so doing do justice to themselves and their profession and fill the requirements of humanity? We think not. For years have our enemies labored to load us with the opprobrium of being the founders of the itch doctrine. Being so utterly ignorant of the teachings of their progenitors as to ascribe it to Hahnemann and his adherents. Nothing is further from fact than that it first emanated from the prolific brain of Hahnemann. If it had it would have been eminently worthy of him, and he need in no wise have been ashamed of it. But, unlike his opponents, he had the sagacity to recognize its truth and importance, and by a long period of years devoted to study and observation pointed out unerringly its cure. He entered the devious windings of medical jurisprudence, made more difficult to trace by the dreamy and musty lore of ages, followed the meandering stream with unerring certainty to its fountain head, and smote the rock of medical intolerance and brought forth to the light, making subservient to our wills the law of cure and a panacea for all our ills. Psora is called by our enemies the "itch doctrine," as an epithet of opprobrium and derision to be applied to our school, as a part and parcel of the "Ignis Fœtus" as they are pleased to call the Hahnemannian theory. The real skill of the physician lies in his ability to so wield the medi-

cal agents in his hands as to be able to cure any curable chronic disease. In order to do this it is necessary for him to be familiar with the cause why such a condition has taken place, to know the basis upon which such superstructure is reared. This, then, being understood, the next desideratum is a thorough diagnosis of the drug or drugs to be employed. I lay down this proposition that all the phenomena displayed in the many different morbid conditions known as a chronic disease have for their foundation the Psoric miasm. Hoffmann, the founder of modern pathology, in a work published before Hahnemann's birth, lays down the same proposition as the result of his experience and observation. Psora is a generic term under which may be ranged all skin, glandular and membranous diseases. It is in that sense that Hoffman speaks of it, so also do Hahnemann and Schonlein, the allopathic professor of pathology and therapeutics in the University of Berlin. Prior to and subsequent to the time in which Hahnemann wrote "Itch" and "Psora" were synonymous terms, and it was in that light that Schonlein speaks in a clinical lecture on a case of organic disease of the heart with dropsy. He says: "What is the cause of this affection? On looking backwards we find no other complaint than the itch"—i.e., by its being at some time in the history of the case the Itch or Psora had been suppressed, and in support of his assertion he quotes from Autenreith, who says: "The most formidable and in our country the most frequent source of the

chronic diseases of the adult are the itch eruptions badly treated by sulphur ointment or by other active greasy applications." Psora, as designated by the older pathologists, consisted primarily in manifesting itself upon the surface, and, in consequence of medicinal agents being locally applied, was repelled; by so doing, it would after a lapse of time manifest itself in a secondary manner. It is the morbid matter that first is brought in contact with the sanguineous circulation, and then gives evidence of its presence by appearing upon the cuticle; this being suppressed, may remain dormant for years and then break out with renewed virulence, but in a different manner. Dr. Budd, after expressing his opinion that this morbid material produces skin diseases by entering into union with portions of the cutaneous tissue, says that the morbid matter is liable from various causes to be repelled from the surface, and in consequence to produce various disorders in internal parts. In confirmation of this he refers to Willan, "On Cutaneous Diseases," for illustrative instances, and gives the following interpretation of the occurrence: "That the peculiar morbid matter of the disease which was before detained in the part affected and held in union with it being now suddenly loosed and set afloat in the general circulation, has become free to fix on internal organs, or, circulating anywhere with the blood, to affect the system at large." It is thus that Dr. Budd, as others had done before him, accounts for the atheromatous patches on the interior of blood-vessels. It is thus that Baumes and others in

later times, as Borden Pujol before them, explain the occurrence of pulmonary consumption, and it is thus that the origin of the many local diseases which are included under the name of Scrofula is explained. Pujol says: "The slow but destructive poison which gives birth to scrofula, attacks indifferently all parts of the human body," and by Muller who is said by Dr. Tyler Smith to suppose "that struma (scrofula) is produced by the presence of an acrid or irritant principle in the blood." Hahnemann, in his *Chronic Diseases*, at page 55, says: "Psora is the most contagious of all chronic miasms, and much more so than syphilis or sycosis. The infection by the latter two miasms can only take place with readiness in wounds and at those parts of the body which are covered with a very thin cuticle and provided with a delicate nervous tissue.

Moreover a certain degree of friction is required to introduce the virus into the system. The Psoric miasm, on the contrary, taints the system by simply touching the skin." Again he says, on page 58: "The cutaneous eruption which is an indication of the Psora having pervaded the whole organism, the ulcers consequent upon this eruption, and accompanied with their peculiar itching round the borders, and, lastly, tenia and those forms of herpes which become moist on rubbing, and are distinguished by an itching, are alone capable of transferring the disease to other persons, because they alone contain the miasm susceptible of communication. On the contrary, the secondary symptoms of Psora which appear

both after the spontaneous and the artificial suppression of the eruption, and which are the common results of psoric reaction, never transmit the itch to other persons, no more than the secondary symptoms of syphilis transmit this disease to others." And he adds: "This was taught by John Hunter, he being the first to observe it." Again, on page 150, he says: "Let me recall to mind the great truth that most chronic diseases, excepting, however, those few which spring from syphilis, originate in psora, and can therefore only be cured by antipsoric remedies—that is to say, those remedies which produce, in a healthy organism, all those symptoms which characterize both latent and developed psora. Hahnemann has given numerous instances and authorities to substantiate them of the fatal folly of suppressing any and all cutaneous diseases.

The cases reported are both ancient and modern, and give an amount of cumulative evidence sufficient, it would seem, to end all dispute as to the soundness of the hypothesis in so far as it is applicable to chronic diseases. Since the morning and the evening were the first day in medical history this hydra-headed monstrosity has waged an aggressive warfare upon the human organism, and made still more aggressive in consequence of the inexcusable ignorance of those who were called to render medical aid. It assumes all the phases the human understanding is capable of conceiving. Some of these have been named, and some, for want of a more extended vocabulary, are unnamed and go wander-

ing about the earth like Japhet in search of a father. It is the oldest miasmatic chronic disease known. The oldest history of the oldest nations does not reach its origin. Moses speaks of several varieties of psora. In the middle ages Europe was visited for several centuries by the frightful psora of the occidental countries in the shape of a malignant erysipelas called St. Anthony's Fire. In the thirteenth century it assumed the form of leprosy; this was brought into Europe by the crusaders, and in the year 1226 there were in France alone about 2000 houses for the reception of leprous patients. By means of baths, lotions, sulphur ointments, preparations of lead, copper, zinc, and mercury, the psoric eruption was often so quickly suppressed that it remained unknown whether any one had been infected. By reason of these frequent suppressions, this chronic miasm has been transmitted from one generation to another from the earliest history of man to the present time, each succeeding generation inheriting from its predecessor the latent morbid or disease-producing agent.

As has already been stated, this morbid agent will remain dormant in the system for many years, and perhaps give evidence of its presence in some remote degree of consanguinity. Many persons are afflicted with epilepsy which was transmitted to them by their progenitor who never had a convulsion. I have met several such cases, and so doubtless have others. Often the physician is called to treat a case of pneumonia, scarlatina, or diphtheria, and will find

the case very malignant, much more so than the circumstances surrounding it seem to warrant. The action of the remedies given do not come up to his expectations; every effort is baffled. Why is this? Because of the presence of the chronic miasm which now takes its opportunity to invade the organism which is putting forth every effort to beat back the enemy; it rouses itself from its torpidity, complicates and adds virulence and increased malignancy to all the conditions. Here is an excellent opportunity to test the presence of psora by giving an antipsoric remedy. In many instances we are completely vanquished in our treatment of chronic cases, and continue *hors de combat* till we trace the cause back to some remote period in the history of the patient, in which some pernicious drug was used to suppress a local disease, and treat the case as an acute attack of that which was smothered, and then the recovery is immediate. I have had one such case within the last ten years that I treated in this manner with the most happy result. Doubtless others have a like experience. Very many, notwithstanding the evidence of ancient and modern observers, still persist in lo-

cal applications alone in cutaneous diseases, which is the most complete system of malpractice in existence. When we consider the course which these miasmatic diseases pursue, we clearly see that after infection the internal disease, whether measles, scarlatina, or small pox or syphilis, must first have become fully developed in the organism before the eruption makes its appearance upon the skin. Hence we again assert that it is the most abominable practice to suppress or attempt its suppression and hail it as a cure. We have briefly traced the records left us by the medical fathers regarding the Psoric doctrine, and find that all the most noted practitioners of ancient and modern times have given in their adherence to its truth, and many acute and bright intellects were led to inquire into its nature and its cure. But to Hahnemann was reserved the glory and the honor of adding the keystone to the arch by pointing out the law of its cure with unerring certainty. And we, as Homœopathists, will be most successful if we tread in his footsteps and apply ourselves closely to his teachings, and thereby give deeper meaning to the motto of "*Similia Similibus Curantur.*"

NEW MODE OF OBSERVING THE VIBRATIONS OF THE VOCAL CORDS.

Professor Oertel, of Munich, has succeeded, by the intermittent illumination of the larynx by means of a revolving mirror, in observing the isolated vibrations of the vocal cords, and in distin-

guishing small differences in their tension, and in the peculiarities attending paralysis and other alterations of their functions. The apparatus used seems to be similar in its princi-

ple to Foucault's mirror for determining the velocity of light. The brief announcement of his discovery contained in the *Centralblatt Med. Wiss.*, No. 5, 1878, has been followed by a second (*Centralblatt*, No. 6), in which he describes the different appearance of the cords in the production of chest and falsetto tones. In the former he finds that the ordinary view is correct—

namely, that the vocal cords vibrate as a whole in their whole length and breadth. On the other hand, in singing falsetto the vocal cords are divided by longitudinal nodes running parallel to their edge into two or more vibrating segments, the number of these segments and of the nodal lines increasing with the pitch of the note.

FACIAL NEURALGIA—AGNUS CASTUS.

CLARENCE WILLARD BUTLER, M.D., Montclair, N. J.

Sept. 15th, 1878. S. E.; female; unmarried; age, 43; light hair, blue eyes, large and fleshy. Called asking relief of following conditions, which have been growing worse since their first appearance, now more than two months ago:

Pressing pains at the bridge of the nose, *as if it were pinched in a vise.*

They come on suddenly, "like a flash of lightning," while she is engaged in her ordinary occupations, or is sitting quietly, and often cause her to scream out from their severity. The pains are more severe upon the left side of the nose, and from there extend, modified in intensity, along the under margin of the left orbit, and are *relieved by pressing the seat of pain hard*, as pinching the nose between the fingers, when they disappear very gradually, leaving a continual sensation of discomfort in the parts.

She has many neuralgic pains, appearing momentarily, in various parts of the body, coming and going without regularity.

Is very anxious about her nose, fearing that some disease, as, perhaps, cancer, is commencing there.

Is exceedingly despondent—cannot relate her symptoms without weeping.

Is unusually forgetful, and unable to fix *her attention upon her occupation.*

R. Pulsat. m., three doses, an hour apart, and Sach. Lac.

Sept. 25th. She writes: "No improvement in the pains which affect the nose; the only relief is when I have twinges elsewhere.

"The pain varies—mostly the pinching, pressing pain I told you of, but at times as if I *had received a severe cold* to-day, as if I had taken a severe cold in my head—stifling. Then, as a sequence, not an accompaniment, comes a crawling, scalded feeling; then again, as if cold water were running down. There is some painful fullness and pulsating under the left eye, but no swelling. I am terribly "blue" over it. Are you certain that it is not a cancer, or some other horrible disease?"

Allen's Encyclopedia of Pure Materia

Medica, page 128, Symptom 34, under Agnus Castus, reads: "Hard aching in the dorsum of the nose, the right nasal bone, and between the right eye-brow and the root of the nose, as if a stone were pressing there; going off when pressing upon the parts."

Symptom 25. "Pain . . . as if she had received a blow upon the eye."

These, with mental symptoms 3, 5 and 6, seeming to indicate the drug as

a *similar* in her condition, it was sent her in the 200th potency, of which she was directed to take one dose night and morning. October 2. She writes: "My pains have all gone; not only those in the nose, but the general neuralgia as well. They grew steadily better, until, for the last twenty-four hours, I have been entirely free from them."

One year later, October 1st, 1879, I learned that there had been no return during the year since the last report.

IODOFORM IN DYSMENORRŒA.

BY

E. M. HALE, M.D., Chicago, Ill.

Several years ago I published in the *Advance* several cases of Dysmenorrhœa cured for several months by means of one grain of Iodoform every night during the inter-menstrual period. For three months the relief was perfect; meanwhile the general health of the women was greatly benefited. The fourth month the dysmenorrhœa returned, the influence of the drug seemingly *nil*. I have observed the same phenomena from other drugs, even when given in attenuated doses—so it is not peculiar to Iodoform.

A few months ago a lady, who had been under the hands of a noted specialist here, treated continuously for months for "inflammation of the womb" (which, Emmett says, does not exist). When she first came under treatment her menses were not specially painful; but each period after treatment commenced was worse than the last,

until, after six months, they were scanty, flowing very slowly, and attended with abdominal and uterine spasms, congestion of the brain, delirium and convulsions. I could not ascertain what the local treatment consisted of, but I suppose it was the introduction of the solid nitrate of silver into the cervical canal, from her account of the violent pain it caused.

On *examination*, I found no signs of uterine hyperæmia or enlargement; but the canal was small and tortuous, scarcely admitting a whalebone sound. I think it had been contracted by some caustic.

I concluded to give no remedy internally, but rely on the specific local action of Iodoform, which is to relax and dissipate spasmodic or other strictures. An Iodoform pencil, containing 3 grs., was introduced into the uterus, and allowed to melt there. It caused no pain

or discomfort. This was repeated every five days. The next period was *painless*, and without any general unpleasant symptoms. The second has just passed, painless, and normal in quantity. No further treatment being necessary, I dis-

charged her. Compare this simple, painless treatment with the *regular* torture of the fossil specialist.

* These flexible gelatine pencils are made by Mitchell, of Philadelphia, and Arndt, of Chicago.

ASIMINA TRILOBA, COMMON PAW-PAW.

BY

W. P. ARMSTRONG, M.D., Lafayette, Ind.

Mrs. M., aged 30, has eaten paw-paws nearly every year since she was eight years old, and has invariably been poisoned by them, with the exception of two or three occasions, when the skin was removed by some one else before the fruit was given her. On October, 2d, 1879, some paw-paws were brought to her and she ate them without the skin being removed. The same evening her face and eyes began to smart and burn, and the eyelids to swell. Oct. 4th, she came to me for treatment. The usual local remedies, such as are used for *Rhus* poisoning, failed to relieve the suffering or check the spread of the eruption. The eyes were red and smarting, the eyelids swollen, and the entire face covered with an eruption, which was pale red in color, and attended with some swelling of the integument, and a great deal of smarting and burning.

It is now dry ; but she says that if allowed to run its course, watery vesicles form, which afterwards coalesce, burst, and form large dark crusts. Gave *Rhus Tox* ³, to be taken every three hours

while awake ; gave sufficient to last two or three days.

Oct. 14th. Hearing nothing more from her, and feeling considerable interest in the case, I called to see her, and found her well, with the exception of a red eruption in patches all over the body and extremities. The head, face and neck are entirely free from it. The eruption on the face had not formed any crusts, but, in four or five days from the time of its first appearance, had subsided. With the improvement in the face, the stomach became tender to the touch, as if "sore inside," with some bloating. This continued about three days, and was then relieved by the appearance of an eruption all over the trunk and extremities, as I now found it. This eruption is distributed in patches, is dry and papular, with now and then a watery vesicle, and attended by intense itching and burning, aggravated by scratching and by heat, and relieved by cold air and by cold water. Going near the warm stove aggravates the suffering to a painful degree. A small red point appears, somewhat like

a mosquito bite, attended by itching and burning. This excites scratching and rubbing, which is followed by the appearance of a blotch, like hives. The itching is worse from early in the evening until some time after rising in the morning.

Although this eruption is quite similar to that produced by Rhus, yet I am positive that no part of it was produced by that agent. On several occasions the poisoning has followed the very same course it did this time, not omitting even the tenderness on pressure in the epigastrium, as if it were "sore inside."

The eyes have sometimes been swollen when they were closed. The eruption began this time upon the left cheek.

After two careful examinations these are all the symptoms I have been able to obtain. None of them are to be found in Allen's Encyclopedia, with the exception of the tenderness in the epigastrium, and bloating. I cannot doubt their genuineness, as the prover is a woman of character and intelligence, although quite persevering in the use of paw-paws. If any one knows of similar effects produced by the Asimina, let us hear from him.

WHAT HAD THE MOON TO DO WITH IT?

BY

A. M. PIERSONS, M.D., New York City.

About one year ago I was called to see a five-year-old lad whose parents, during the previous year, had resided in Long Island City. I remembered the family as former clients of mine, but only for a short time—while the lady was passed through her third confinement. While thus engaged, I remembered the elder of her two little boys as an excitable, irritable, willful, and, when among the female members of the family, an entirely ungovernable little fellow. Further than making these few observations, I had nothing to do with him. On their return to this city, I was again called to attend the family, and particularly this little boy, who now was unable to recognize any one. I gathered from his mother the following history:

The child had grown more and more recusant till about six months since he was taken with spasms, recurring more frequently until he had as many as nine in twenty-four hours. After each of the severer spasms he fell into a sound sleep, spasms and sleep together lasting about half an hour. At different periods two physicians had treated him. Diagnosis in each case, epilepsy; etiology unknown, and prognosis unfavorable. Symptoms: When I saw the boy, he was having from two to ten tonic spasms per day. The attacks were always preceded by terrible restlessness. It was impossible to keep him quiet a moment. His usual habit at such times was to constantly walk about the room. The walking grew more rapid, and the

general uneasiness increased as the moment for a spasm drew nigh. If he sat down for a moment, it was only to play with his penis, which seemed in a constant state of erection. If spoken to by anybody, he replied in filthy, obscene epithets, in no way touching upon the proper answer. No one knew where he learned such words, for he had not been allowed in the streets, and there were no older children in the house. Visitors were invariably accosted with "Who are you?" and often, if told, would several times repeat the question. His intellect was nearly gone, and he presented all the appearances of an imbecile. Enuresis had long been the rule, and it was no uncommon event for him to defecate in his clothes or upon the carpet, if left long enough by himself. Spitting anywhere and upon anything was also his habit. "A burnt child dreads the fire" did in no way apply to him; his hands were covered with sores, from touching the hot stove. Restlessness was his most characteristic symptom; so much so that we could always tell hours beforehand that he was about to have a paroxysm.

During the hardest spasms he usually bit his tongue. The facial muscles, however, were not so much jactitated as were those of the extremities, and particularly those which gave his body the motion as if in the act of copulation. My diagnosis did not differ from that of my predecessors. *Etiology*—this was still doubtful. He had never been injured about the head or spine, to the best of our knowledge and belief.

He had the appearance of a worn-out masturbator. This, added to the fact of his incessant toying with his penis, lent strength to the theory. His age would not change this opinion. Dr. A. Jacobi reports cases of youthful masturbators, particularly females, all the way down to one-year-old infants. Worms were thought of as an exciting cause. A voracious appetite, yet hungry all the time; boring in the nose; enuresis; refusing things but just desired; were symptoms in favor of this theory. *Treatment.* For a few weeks he was given Cina, with no other improvement than partial abatement of bulimy and decided decrease in nocturnal weakness.

The spasms, however, went on the same—sometimes reduced to one or two in forty-eight hours, then increasing in frequency till the highest number was reached. They occurred in the night, while asleep, but less frequently then than during the day-time. Several remedies were tried, covering a period of over three months. The family were much discouraged, and were seeking some asylum in which to place him for the better protection of his younger brother and sister, whom he was liable to fatally injure unless constantly watched. From all I could learn of the case, I felt confident that he had periods of amelioration and exacerbation, whether he was taking one kind of medicine or another, or while taking nothing at all. These periods of exacerbation, as far back as our memory served, were about once a month, and the one or two previous ones did not much vary from the time of *new moon*.

As a last hope, I gave Calc. Ostr., rather low, but saw no change in paroxysms during next new moon. The more I watched, the more I was convinced there was a likeness between moon changes and aggravation of spasms. Next he had one dose of Calc. 5m. Jenichen, and I imagined there was an improvement in the severity of spasms. Thus matters stood till finally I gave Calc. c.m. Fincke, about ten days before

next new moon, and he never had but one slight spasm afterward. To-day he looks and acts as bright as any boy of his age—is a regular attendant at the public school, and in all respects is just like any other healthy boy. There can be no doubt about what cured him—moon-shine, of course. But what on earth had the moon to do with the aggravations?

MERCURY AND ITS AMALGAMS IN DIPHTHERIA.

A Thesis for Fellowship in the Medico-Chirurgical Society of New York.

BY

J. M. SCHLEY, M.D., New York City.

(Continued from November issue.)

Dr. Geo. Wood describes, in graphic language, the mercurial stomatitis. The first phenomenon presented is often a whitish appearance of the lower gums, probably owing to opacity of the epithelium. Soon afterwards the gums are seen to be somewhat swollen, rising up between the teeth and reddened at their edges. At the same time they are somewhat tender to the touch, and not unfrequently pain is produced at the roots of the teeth by firmly closing the jaws. A metallic taste as of copper in the mouth is also among the first symptoms, and I have repeatedly been able to detect the approach of salivation by the peculiar fœtor of the breath, before any other sign had presented itself. It not unfrequently happens that the above symptoms have existed for some time before any increase of saliva ap-

pears, and occasionally there is at first seen a dryish condition of the tongue.

He describes the second stage thus: "The gums, tongue, cheeks and fauces, one or all, swell and become painful; deglutition is painful; the teeth, if carious, begin to ache, the tongue is somewhat furred and indented by the teeth at its edges, the saliva is discharged copiously, the salivary glands swell, together with the neighboring areolar tissue, and the breath is very offensive, having a peculiar fœtor which distinguishes the mercurial sore-mouth from all other analogous affections." If the disease runs on it reaches a third stage, which Dr. Wood describes in this manner: "The swelling, internal and external, increases; the tongue sometimes projects from the mouth, in consequence of its greatly increased bulk,

and is covered with a very thick, soft, yellowish white fur, extremely offensive to the smell; the parotid and submaxillary glands become much enlarged and painful; the patient cannot open his jaws, swallows with great difficulty and pain, and is wholly unable to articulate; the saliva streams from the mouth; the odor of the breath is insupportably fetid, and sometimes scents the whole apartment; ulceration of the gums, cheeks and tongue takes place, with occasionally copious and exhausting hemorrhage, the teeth loosen and fall out; and even gangrene of the soft parts and necrosis of the alveolar processes sometimes occurs. Sir Thomas Watson calls attention to the special character of this mercurial inflammation. "It is," he says, "superficial, spreading, erysipelatous; it leads to ulceration without any distinct occurrence of suppuration; the ulcers enlarge." I would notice also the peculiar fetor of the breath, as connected with the fatty matter of the same character we have seen found in the blood, and the tendency to hemorrhage. While the drug is thus raging on the mucous surface, the salivary glands are stimulated, and put out their secretion profusely.

Orfila—and he is followed by Trousseau and Pidoux—states that in mercurial salivation there is no true inflammation of the glands, but only effusion into the cellular tissue around them. But there is evidence that (in its ordinary form) the drug can cause hyperæmia of these organs; and in one case, when, under the poisonous influ-

ence of the perchloride, they enlarged and became tender, the salivary secretion was diminished. The tongue is affected like the cavity of the mouth generally, so far as its mucous membrane is concerned. The submucous tissue is also involved in the inflammation, as shown by the great enlargement of the organ; but I do not know that the muscular substance is affected.

The throat may be either acutely or chronically affected by Mercury. The acute affection is *identical* with the mercurial stomatitis, which it commonly accompanies; there is much swelling always, ulceration often, gangrene sometimes. The chronic angina of mercury is graphically described by Dietrich. It is characterized by a dark or bluish redness, great sense of dryness, with hawking of tenacious, glassy mucus, and enlargement of the mucous follicles. The action of Mercury upon the stomach, liver, pancreas does not interest us here. The respiratory mucous membrane is not a special seat of the influence of Mercury. Conjunctivitis, however, is no uncommon manifestation of its action; it occurred in Overbeck's experiments on animals, and in Hahnemann's proving of Merc. Sol., and Hering's of the biniodide. Coryza sometimes occurs in mercurialization, and one of the dogs poisoned by Corr. Subl. in Dr. Hughes Bennett's experiments, had constant muco-purulent discharge from the nose. The kidneys are much affected by this poison.

Suppression of urine is a very common phenomenon; and post-

mortem investigation shows it to be connected with acute congestion or inflammation of the secreting structure of the organs. The urine is albuminous during life, and the patients die with all the symptoms of uræmic poisoning. In affections of the mouth Mercury naturally holds a high place. It is not homœopathic to the true membranous stomatitis—the *muguet* of the French; but it is so to thrush, which always tends to ulceration. For simple ulceration, as well as syphilitic, of the mucous membrane of the buccal cavity, Mercury is specific, especially when followed up by Nitric Acid. I have now to speak of Mercury in affections of the throat. Simple catarrhal angina is a malady in which I think this medicine far too frequently used; one will find Belladonna of far more service. It is recommended in Domestic Guides to homœopathic treatment whenever there is any tendency to ulceration, and every mucous exudation on the tonsils is taken for an ulcer and treated accordingly. But these phenomena, even if truly ulcerative, are but superficial accidents of an acute sore-throat, where there is much pain and bright redness. The angina calling for Mercury is of comparatively rare occurrence. It is of a sub-acute or torpid character, with pale or bluish-red swelling, and ulceration is often present. Its power to check suppuration makes it often useful in quinsy. Hahnemann speaks highly of it here. The effect of the Mercury in such cases is often most signal. Doctor Imbert Goubeyre, also, has defined the place and illustrated the vir-

tue of Mercury in quinsy in a memoir on the treatment of angina by mercurials, Bellad. and Acon., translated from the *Moniteur des Hôpitaux*, in the 14th Vol. of the *British Journal of Homœopathy*.

When anything like the cynanche maligna or putrid sore-throat of the old writers is present, Mercury is an indispensable remedy. On the other hand, those same characteristics of its action which make it so suitable for the sore-throat of scarlatina unfit it for that of diphtheria. There is some phenomenal resemblance between the effects of Mercury and the symptoms of diphtheria, and therefore the preparations of this drug—especially the iodides—have been extensively used in its treatment. I have watched their action where they were given alone and not in alternation with a second drug, *without* being able to satisfy myself of their exerting the least control over the morbid process. Nor can we expect them to do so. For in diphtheria there is neither ulceration nor gangrene, but a false membrane formed upon an unbroken surface. Until it has been proved that Mercury can cause the pathological formation, there is no evidence that it is truly homœopathic to the diphtheritic process. Mercury may occasionally be useful in chronic ulcers of the throat, simple or syphilitic, and would probably cure such a chronic angina as that described by Dietrich, were we to meet it as an idiopathic affection.

You will note that I have dealt more upon the pathological condition which follows the administration of

Mercury than the symptomatology. If we turn to Jahr's Manual of Symptomen Codex, or Allen's Materia Medica we do not find the (totality of) symptoms which usually accompany the diphtheritic process. I will not go over the symptoms in these works which pertain to this part of the body. We all possess Jahr and can refer to the proper place more quickly and conveniently. After perusing different works and monographs upon the mercurials, I must acknowledge that the only point where their action in the acute onset of diphtheria is indicated is in the kidney. That Mercury can produce acute parenchymatous nephritis with suppression of urine there are abundant proofs. One of the two cases of diphtheria which died while under my care, succumbed to nephritis. The child had been sick four days—at least the malady had been recognized during that length of time—when it came under my care. An old school physician had given the child up. A portion of the posterior wall of the pharynx and both tonsils were covered with a dark, ugly-looking exudation. The throat improved very much in appearance under Phytolacca gargle and Lachesis, administered internally. Within the next fourteen hours the child was dead.

Complete suppression of urine ensued for thirteen hours previous to the child's death. Spasmodic twitchings of some of its muscles were distinctly noticeable. Twenty minutes after the child had ceased to breathe I drew off its water—a little over two drachms was brought away—which was

highly albuminous. Unfortunately, I made no microscopic examination. Another most remarkable symptom in this case, was that the little patient became perfectly blind. A candle held immediately in front of both eyes was not seen. The little fellow was conscious at the time when he first noticed this, and told his father, who sat on the bed near by, that he could not see him. He would put out his hands for anything he wanted, but would advance them in the wrong direction. The brain and its functions were not sufficiently involved to point to a nerve paralysis, and I came to the conclusion that an exudation had taken place in the retina or optic nerve sheath, and was dependent upon the nephritis. A short while after this symptom was noticed, the little fellow passed into a comatose condition, in which he lay until he died. I am perfectly confident, had the patient lived a few hours longer that he would have died in uræmic convulsions. Here Mercury, Apis or Cantharis, would have been better prescribed. Again, if we study the pathological condition produced by Mercury, we find no acute symptoms unless the drug be administered in such massive doses that the local effects become dangerous and mischievous. The effects produced by Mercury are of a chronic character, and, even if administered in appreciable doses, *time* is required before we notice the troubles caused by it. Mercury undoubtedly has an elective affinity. The blood seems to be its first object to undermine and partially destroy, and when this is done the whole organism

becomes affected. We find in cases of diphtheria reported in our journals that the preparations of Mercury combined with the different iodides, are the most in vogue.

What is the active principle in such a case? Shall we ascribe it to the Mercury, which, in an uncombined state is inert, or shall we say that the amalgamation gives a medicinal property to the quicksilver, or shall we ascribe it to the Iodine in *its* different chemical strength? If it be that Mercury has a decided effect upon the disease under discussion, we should then seek that amalgam, which, when it is administered, the symptoms and the pathological condition point most conclusively to Mercury. We find Merc. Corr. Subl. the strongest *mercurial* preparation. Iodine, in its action, has great similarity with Mercury. May it be that the medicinal property is heightened by its mixing with Mercury? These points seem to me of importance. It is to fix upon *one* substance the highest property in curing any disease for which it has been prescribed. And then a far more important and vital point is attached to this subject. If Mercury be not applicable in diphtheria, we should not endanger our patient's life by administering a drug which will have no influence upon it. As yet, I think we know very inaccurately how this drug acts in diphtheria. From my own experience I must say that I have found the different mercurials of no use in the acute symptoms of diphtheria, and of very little use, or uncalled for, after the severest were over. The two

points in the cavity of the mouth where Mercury spends principally its action are the tongue and the glands which empty their secretions on its surface. The tongue is often coated in diphtheria, and as soon as one looks into the mouth of a patient suffering from this disease, Mercurius is unavoidably thought of.

But should this one thing be a guide to prescribe where so many other striking and all-important symptoms show forth more clearly? The tongue and the kidneys are the two organs, *to me alone*, which speak of Mercury in diphtheria. I am of the opinion, though, that we have other remedies which act more accurately, quicker and more lasting in the same difficulty, and with the same symptoms present. Physicians prescribing mercurials in diphtheria are generally those who alternate their medicine. In such a case we are certainly at a loss to know exactly which of the two remedies has done the good. If we prescribe Lachesis and Merc. Prot. we certainly have no right to claim that the Mercury benefited the patient the most. Again, if we prescribe a gargle of Phytolacca and internally Merc. Biniod., we should not claim a cure through the Mercury, provided the patient recovers. Do not understand me to say that the throat symptoms and appearances are the only important ones. From this organ, though, one of the three dangers in diphtheria threatens us. To be convinced that Mercury is indicated in diphtheria we should use it alone, and I should incline to the lower potencies.

It does not necessarily follow that when a person recovers from diphtheria or any other severe illness that we, through the medicines administered, have been instrumental (at all) in restoring the patient to health. This is a point to me in medicine which makes the skeptical more skeptical, and most of us dubious, as to the effect of our prescriptions.

We are totally unable to know, and shall (probably) always be—what influence our medicines may have had upon any disease—from a simple coryza to malignant diphtheria. Cases of the most serious character recover without a physician ever having seen them. Again, cases succumb where the morbid process has been of a mild type,

apparently, and a physician has been in attendance from the commencement. Again, cases are met where the disease seems to scorn the feeble efforts of the physician to retain life in his patient. It sweeps the sick one out of existence, and makes us feel as if, after all, we knew nothing of the treatment of disease. Scarlet fever, typhus fever, diphtheria, seem sometimes to baffle the most learned. How unfortunate is it, then, that many of us think immediately of Mercury and its combinations with Iodine when diphtheria is mentioned. Physicians who become routinists in prescribing for this malignant disease must suffer many losses in their practice.

(Concluded in January issue.)

HOT WATER FOR DISEASES OF THE MUCOUS MEMBRANES.

BY

W. LOVELL DODGE, M.D., Philadelphia, Penn.

I have found, after several years' experience, that hot water, as an accessory remedy in treatment of diseases of the mucous membranes, is superior to any application, either in its pure state or combined with a small amount of common salt, and many times proves curative without the assistance of any drug, acting as a stimulant to the parts in which it comes in contact.

In leucorrhœa and ulceration of cervix, congestion of neck of uterus, dysmenorrhœa, scanty menstrual discharge, it has proved curative in more cases than one, and never has it been without good results, and without the danger of metastasis of leucorrhœa to

the bronchial tubes which has occurred in medicated injections. My manner in using is to commence with injections as warm as can be comfortably used, to increase the temperature gradually until it is as hot as it can be borne. Ladies who have suffered for years from chronic inflammation of the vagina and profuse leucorrhœal discharge have been cured, after faithfully using the injection for a month; and in one case a lady bore children after having been barren for twelve years. I have nearly always used the appropriate drug in connection with the hot injections, but never with the same result without them. Cold water injections should *always be*

avoided as dangerous and detrimental to health. In one case I had the happiest result in the treatment of cancer of cervix, not in curing, but in relieving the sufferer from pain, and keeping her comparatively comfortable during her life. It always gave her immediate relief from pain. We can never teach women that tight lacing and wearing of corsets produces diseases which makes them constant sufferers during life; therefore we must teach them to use remedies which are productive of the best results. Drugs cannot be taken constantly, even in high attenuation, without their pernicious effect; but I never have seen any bad result from hot water used in the manner above stated. Nine out of every ten ladies in our large cities are affected with leucorrhœa, and nine out of ten can be cured with hot water when there is no uterine disease back of it.

In constipation, chronic dyspepsia, acute or chronic bronchitis, chronic catarrhal diseases of the throat, acute coryza, membranous croup—all have been benefited or cured by simple hot water, either taken in teaspoonful doses, or, as in constipation, acute or chronic dyspepsia, half a glass taken morning and night. Nothing is so immediately effective in indigestion as a draught of hot water acting as a stimulant, and acting far better than alcholic stimulants, without the danger of forming a taste for them. The general complaint will be that it nauseates. So it does; but the weakest stomach will take it after a little perseverance, and becomes rather a pleasant draught than otherwise.

For many years I was troubled with a severe bronchial trouble contracted

during the war, being very liable to take cold. It always yielded to hot water treatment; taking sips as hot as could be taken, until the disease was cured. It either got well of its own accord, or hot water cured it; for I never took any medicine for it. I have always taught my patients, when their children were attacked with cholera infantum or cholera morbus, to give a teaspoonful or draughts of hot water until they could get the physician. Many times they have managed the disease without the aid of their physician, very soon allaying the intense thirst and vomiting with no other remedy. I much prefer they would adopt this treatment before I reach the case than to try every old woman's remedy, many times giving homœopathy a poor show. Enough has been said to show the advantages of this treatment, in a class of diseases that are constantly under some physician's treatment, and which many times are very annoying to him, especially those cases of dyspepsia and dormant liver which are so common, and are so slow to yield to treatment.

It must be used one or two degrees higher temperature than the mucous membrane with which it comes in contact, to get a stimulating effect; if to allay irritation, one or two degrees lower temperature. I find also a very common domestic remedy among the poorer people, for coughs and colds, is the white of an egg beat up with a teaspoonful of white sugar, and add a cup of hot water, taken just on going to bed; and many times I have seen a wonderful effect from this simple remedy, and one from which we may derive a good lesson.

III
AMERICAN HOMŒOPATH.

A Monthly Journal of Medical, Surgical and Sanitary Science.

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EDITORIAL.

ANÆSTHETICS.

Anæsthetics are now established with a firm foothold among the therapeutic agents which constitute the contents of the arsenal of the medical profession. There was a time when the medical world was not only agitated, but markedly divided in opinion, concerning their usefulness and harmlessness, as proper means to temporarily relieve pain, or cause oblivion.

But it is now generally accepted that a proper use of these powerful actors can only be beneficial to the poor martyrs who are tortured by physical suffering. Only a few members of the profession, scattered here and there, still adhere to their prejudices, and would rather see their patients writhe under the tortures of agonizing pain

than relieve them by means of anæsthetics.

But though humanity has cause to bless the discovery which gave us the means to blunt the sting of torture, it nevertheless does not appear to be an unalloyed boon.

Every year we have occasion to chronicle a number of deaths clearly traceable to the administration of some kind of anæsthetic.

If this were an unavoidable accompaniment to the use of these agents, it would appear somewhat questionable whether we are justified in allaying pain by means which would kill even but one in a thousand. But it is not so.

Anæsthetics are without this danger when administered by skillful persons—when the one who gives them not only fully understands their nature, their *modus operandi* and the tests by which to ascertain their purity, but is also capable of preparing the recipient in such a way that no possible injury can result. The drug can be made harmless, and, if it is otherwise, the one who administers it, is generally to blame.

There are twenty-one principal agents capable of producing anæsthetic sleep or local anæsthesia. Eleven of these are wholly unfit for inhalation, and should be used only to induce local anæsthesia.

Of these twenty-one agents, three are the most popular and more frequently employed to induce artificial sleep and insensibility—viz., Chloroform, Ether and Nitrous Oxide Gas.

But no one ought to administer either of these anæsthetics without having a

thorough knowledge of their character and action, and of the physical condition of the patient, which, if unfavorable, make the administration of the anæsthetics very hazardous, even more than the ordinary practitioner is often aware of.

Nitrous Oxide Gas is certainly the least dangerous ; but it is far from being always harmless in inexperienced hands, and a number of deaths have been recorded as the result of its having been inhaled.

We would therefore urge upon all who are called upon to administer either of the three mentioned for a surgical or dental operation, that they carefully study the latest works on anæsthetics, several of which have been recently published, and thus familiarize themselves with the best methods, as well as the physical signs which design-

nate any one who is not a fit subject to inhale it, and also with the symptoms which, like danger signals, always herald the approach of fatal results.

Above all would we urge, that our colleges, both medical and dental, should have, during each session, a course of at least five or six lectures devoted exclusively to this subject. It would save many valuable lives ; for those who emerge graduates from their Alma Mater are generally woefully ignorant of the details that are requisite in order to administer anæsthetics successfully. Many, very many of them think they discharge their whole duty when they watch the pulse, while the patient is under the influence of the soporific agent. We trust our colleagues will give the subject a careful consideration.

CORRESPONDENCE.

WHAT IS WRONG WITH OUR PHARMACEUTISTS?

I am swinging around the circle of the pharmacies, and I give you my experience with a few of them. 1st. Called at a pharmacy for some No. 20 Pellets ; the proprietor himself *measured* out one pound of pellets from a large glass jar, which upon examination proved to be No 25, and Mr. Pharmacy man, looking again at the jars of pellets, acknowledged that he had picked up the wrong jar. A few days afterward a friend of mine called at the same pharmacy for $\frac{1}{2}$ oz. of Apis. Upon arriving at his office and unwrapping the package, found the bottle labeled and marked Arnica, and threw it away ; upon telling Mr. Phar-

macy man about this, the physician was *assured* that Apis was the drug put in the bottle, and he had made the mistake in the label.

A large order was sent to Pharmacy No. 2, in which was stated that we wanted Sabadilla *cc* as soon as possible, for a sick lady, and a "Pulte domestic" for a layman who wanted it right away. This firm answered that "they did not have 'Pulte' in stock—wouldn't a 'Small' do as well?" No ! (was the answer,) and send balance of order at once ! The day the goods should have arrived came another quibble, saying, "We cannot put dilutions in such

small vials, but can pellets." We answered, Put it in larger vials, then, and charge us with the extra vials. But, lo! instead of the goods arriving in due time, came another letter, asking, "Did we want that copy of Small's domestic yet?" We then discontinued the order altogether.

In the meantime we had ordered the Pulte domestic and Sabadilla²⁰⁰ from another pharmacy together with some pellets, etc. SABINA²⁰⁰ arrived instead of Sabadilla²⁰⁰.

Now I ask the Profession, that if my patient who needed that Sabadilla had been dangerously ill, and would have died from want of that remedy, on

whom should the responsibility be laid?

Pharmacy No. 4 was advised in abstract of the above, and requested to have shipped any book or remedy in our order not in their stock, direct from the publisher or manufacturing pharmacist, direct to us, so as to not delay it, and not to send anything as a substitute, and at the third order they send No. 10 pellets instead of No. 5, and the packages are marked No. 5, and send one author on Typhoid instead of the one ordered.

Now, is the intellect to blame, if the thought crowds in, *Maybe some of my remedies are not what they are labeled.*

PRINCIPLES CONTROLLING THE HEALTH OF THE PELVIC ORGANS.

GEO. H. TAYLOR, M.D., New York City.

We have seen (in November number of the HOMŒOPATH) that diseases of the contents of the pelvis, male and female, are the inevitable consequences of well known physical laws in connection with mechanical structure of the organisms, and that so long as physical law preponderates, disease always and necessarily follows. We can understand, further, that unity of cause produces a vast variety of effects, consisting of local changes and subjective suffering. This is a consequence of the vast variety of circumstances under which it acts. The fact of diversity is therefore in support, and not in opposition to, our reasoning. In view of these statements, it is easily understood that the most strenuous efforts of physicians in behalf of this class of invalids are often nugatory, because not properly directed; mere effects and incidents of the affections receiving undue attention, while the causes lying behind continue to operate in unchecked measure.

The next inquiry naturally made is: What in health is the natural and constant antagonist of the combined consequences of natural law and structure? What neutralizes these forces which contribute to disease? Is restoration possible after the effects described have eventuated in local organic changes of structure, as well as function?

The reply to these inquiries requires the consideration of additional facts and principles—facts which suggest, control and direct the medical proceedings necessary in these cases. We have heretofore examined only inert, or dead structure—structure as subject only to physical law. But the organism is the product of, and is sustained by *vital* law, in connection with, rather than opposition to, physical law. It is the harmony of their forces which results in health. This harmonizing element, inseparable from vitality in all its infinite phases; its indispensable cause, as well as its abundant product, is *motion*.

The vital system includes within itself the means for the constant and abundant evolution of force, which is expended through two main channels, those of voluntary and involuntary motion. The former, directed by the will, has special reference to the constantly recurring needs *outside* the body; while involuntary motion, which is in general spontaneous and unconscious, concerns more especially the welfare of the system.

Now health not only implies power, but its regulated and harmonious manifestation. The perpetuity of health, and even of life, depends on this principle. Applied to the voluntary system, it is too obvious to require comment. Every act secures conditions for succeeding acts in the same direction. But all tendency to local excess is an equal tendency to local restriction somewhere; so that physiological exaltation and depression of function and power is quite capable of passing into local morbid conditions, properly corrected only by the intention of the will and intelligence—that is to say, voluntary power is perfectly available to reinforce the involuntary.

As regards involuntary action, the *ordinary* incentives are doubtless in the acting organs themselves. The vital system is permeated by a variety of motions not intrusted to the consciousness. These relate chiefly to the foundations of all power. Are we left to infer that a systematic control of them for their benefit is beyond our reach—that no cultivation of this most important department of our being is possible or practicable? It will be shown in the sequel, not only that such cultivation and increase of organic power and life is abundantly practicable, but also that the voluntary powers may at all times be employed to fructify the involuntary, and that this fact is one of the most reliable and practical of the resources of medicine.

CONTRACTION AND EXPANSION CHARACTERISTIC OF LIFE.

The key to the medical control of contents of the pelvis lies within the sphere of involuntary motion. The trunk, consisting of walls surrounding a cavity, is unintermittingly changing its shape and its capacity by alternate, rythmical contractions and dilations. The health of the contained organs depends on the vigor and perfection of these changes; and so intimately is health connected with these alternating motions, that its restoration is impossible while the associated motion is deficient.

In confirmation of this view, it is important to note that the motion referred to is common to the whole animal creation—is, in fact, everywhere a primary manifestation of animal life, always antecedent to that of voluntary power. Any one will for himself see this statement illustrated by observing for a moment any domestic or other animal in a state of quiet. He will note the gentle, rythmical expansion and contraction of the central portion of the body, corresponding to inspiration and expiration; but will also observe the important fact that only the lower portion of the chest engages in the motion, and that the greatest change of size is over the digestive, and not over the respiratory, organs, showing clearly that the motion relates to the former quite as much as to the latter function.

Not only the trunk, but the internal organs, illustrate some phase or modification of the same principle. The heart, throughout life, alternately contracts and expands, and thus urges onward the flow of blood; the arteries contribute further in the same way to the same end; the visceral organs, as the stomach, the intestines, in the same manner urge forward their contents; the rectum, bladder, uterus and appendages effect the dislodgement of their con-

tents on the same principle, timed according to their varying special needs. This change of shape is traceable to the most elemental of parts. Each cell of muscle becomes shorter and correspondingly broader, and it is the aggregate shortening of the connected cells that measures the total muscular contraction.

We are told by naturalists of the minutest microscopic beings, consisting of a single cell, without parts, which, by simply changing their shape by alternate contractions and dilation in opposite directions, are regarded as affording sufficient proof of their animal nature.

Now the trunk, or enclosure of the visceral organs, is in like manner subject to constant, alternating change of shape, involving, also, variations of size. Through this means its contents undergo perpetual change of place. This motion, including cause and effect, is an indispensable animal function. The decline of this motion withdraws the stimulus or provocation to functional duty from the mass of organs with which the whole cavity is filled. The failure of these functional duties, as secretion, digestion, absorption, chemical changes, etc., in great variety, means failure of support of vital power in all its manifestations. Disease, which is only the preponderating influence of physical over vital manifestation, enters through this channel, while death indicates complete sway of physical over vital forces.

HOW THE INVOLUNTARY MOTIONS OF THE TRUNK ARE EXECUTED.

A further description of this structure of the trunk is essential to an understanding of its motory functions.

The posterior walls formed by the spine necessarily afford a rigid boundary for the cavity. The inferior boundary is formed by the largest and most inflexible and immovable portion of the osseous system—the bones of the pelvis.

The aperture for the excretory organs is well closed by the perineum. The upper boundary is formed by the collar bones and ribs of each side, which unite in front, through the heart-bone, forming a strong, conical, bony enclosure, rendered inextensible in the upward direction by means of the spine. The range of possible motion of this portion of the cavity enclosing the lungs and heart is limited by the elasticity of the ribs and their cartilaginous unions, rear and front. The lower portion of the chest, covered by the short ribs, participates in the motion in which the remaining or abdominal portion of the walls of the trunk constantly engage.

The remaining or abdominal portion of the walls of the trunk consist of a broad, heavy mass of muscle, composed of several superimposed layers, whose fibres act in different directions—across, perpendicularly and obliquely. This arrangement not only gives great contractile power to the mass, but also great facility for the exertion of this power in any special direction, or to concentrate it at such part as the needs of the contained organs may indicate.

EFFECT OF THE MOTIONS OF THE ABDOMINAL WALLS.

What follows from this mechanical arrangement is now to be traced. The principal moving power is the mass of abdominal muscles forming the anterior boundary of the lower central part of the trunk. The digestive organs are covered by this mass, the lungs being above, and the pelvic contents below. The contraction of this powerful muscular covering necessarily displaces the mass of digestive organs resting upon it. The direction of the displacement is necessarily upward. The unyielding nature of the inferior boundaries of the trunk; the perfectly unresisting and mobile nature of the lungs filled only with air; the oblique position of the brim of the pelvis; the position of the

promontory of the sacrum ; the lifting nature of the force applied ; all combine to produce an upward movement of the whole mass contained by the trunk walls.

The thin membrano-muscular separation of the respiratory and digestive organs, the diaphragm, passively yields, and its central portion is distended upwards, causing it to assume a far more convex shape, like an inverted bowl. The whole mass is thus projected against the lungs, and thus to diminish the space they occupy crowd out the contained air, and thus effect expiration.

The external muscles of the chest act simultaneously with those of the abdomen, as auxiliary to the latter. Only in disease do they perform the principal work of respiration, and then but imperfectly.

Directly following the motion upward, which elevates the contents of the trunk, the contraction of the abdominal muscles ceases ; entire relaxation follows, and the gravitating mass of the digestive organs descends unresisted, the diaphragm now contracting, thus controlling and facilitating the descent, till all parts assume their original places, and the chest becomes refilled with air. This operation, in healthy men and women, is repeated about eighteen times per minute, but may be greatly increased by both physiological and pathological causes.

The mechanical effect of these combined operations may fitly be compared with that of an ordinary pump. The abdominal muscles are both the piston and the power by which it is worked ; the contents of the trunk is the fluid to be raised—that portion above the abdomen being lifted, while that below it is compelled to flow in the direction dominated by the power applied. The yielding nature of the contents of the upper part of the cavity, and the unyielding quality of the pelvic boundaries, represent the action of the valves

which give direction to the moving stream.

The physical effect of this reciprocating motion, in which so large a portion of the viscera is constantly engaged, will now be easily understood.

The air-contents of the chest are changed to an extent approximately measured by the extent of the abdominal contractions. Natural respiration has been secured. Greater need for air is denoted by increased motion of the abdomen, as noticed in the panting animal.

The digestive organs have been subjected to a decided oscillating motion. This motion is absolutely essential to perfect digestion, and nothing more is usually required to restore impaired digestion to its pristine vigor than to cause restoration of this motion, which is invariably diminished in all forms of indigestion and constipation.

The secreting glands, forming a prominent part of the digestive apparatus, depend largely upon this motion. By it the distinct parts are caused to glide upon each other with ever recurring frequency, whereby their action, so essential to digestion, is assured.

Not the least of the effects of the motion described are those received by the contents of the pelvis. The pump-like motion we have described has positive control of the circulation of the lower extremities. It produces an energetic upward flow of the contents of the veins. It is the power more influential than all others in returning the blood to the heart. Any one can demonstrate this effect to his own satisfaction by a few moments of *forced* respiration, by which the removal of blood from the lower limbs is largely increased.

As the pelvis is nearest the cause of this reflux, there can be no doubt but the same effect is primarily and even more energetically produced in the pelvic vessels. It is, besides, susceptible of proof, that *natural* respiration pro-

fects all the pelvic organs against hyperæmia and its multiform consequences.

The solid contents of the pelvis, the pelvic organs proper, are amenable to the influences of the same tractive forces as are the fluids. The lifting action is propagated through the mass, and, as no vacuum is formed, extends to the contents of the pelvis. This action effectually and certainly protects against any mal-position of rectum, bladder, womb, or appendages.

These organs are in natural and healthy condition in all persons whose respiration is natural and extends in sufficient degree to the anterior abdominal muscles. Displacement and deformity are but symptoms; hyperæmia and its outgrowths are also symptoms of the inefficiency of the reciprocating motions we have described; and to treat them as something else, and independent of the causes here assigned, is a clear misapprehension of physiological facts, and of the true ætiology of this class of diseases.

The *causes* of restricted natural involuntary motions, and the consequent ill health manifested in the pelvic regions, especially among females in our state of civilization, are very numerous. A few will here be alluded to.

WHAT CAUSES DEFICIENT INVOLUNTARY MOTION.

It is common to impute these difficulties to tight dressing of the body, especially at the waist. Doubtless this cause justly shares its part; but women, as well as men, are afflicted with pelvic troubles, when other causes must be assigned. It is also true that recovery of health is not always assured after the habit is abandoned. Pernicious dietetic habits, such as restrain the natural action of the bowels, are often an element in the production of these effects. Sedentary habits are well known to deprive the abdominal muscles of the

stimulus which is their due. Even active exercise is insufficient, when confined to the limbs. The active exercise of the emotional nature, doubtless, often robs the nerves distributed to the muscles of the parts involved of their due distribution of nervous power. The conjunction of these causes, form so powerful a restraint, that it is too much to expect natural action to be restored, and its effects in the form of local disease to be removed, by anything less than the complete removal of all the causes, by means adapted to that end.

The power to maintain health, we have seen, exists in the function of the parts engaged. The essential fact of ill health is the decline of this power. What is more direct and plain than the inference that the increase of this ever-acting power is the positive means of rectifying abnormal positions, and removing the inertia of disease? Who can gainsay the proposition that the supply by art of energetic and well selected movement is the direct and speedy way of restoring the deficiencies indicated? A general attempt, on the part of physicians, to disprove this proposition, would speedily work a radical revolution of gynecological methods, wherever practiced.

ABSTRACTS.

ACCURATE DIAGNOSIS ESSENTIAL TO SUCCESSFUL TREATMENT.

By DR. AINLEY, Halifax.

No person—professional or lay—will question the correctness of the heading of this paragraph, and though it has a universal application to all schools of treatment, it has a special importance in the homœopathic system of medicine. And yet one has known many medical men who delighted in making a quick, or as they would call it a “smart diagnosis,” and especially if they had been

called in consultation, a practice which very much reminds one of what is called "plunging" in the game of "Nap," in which if one is successful his gains are considerable, and *vice versa*, his losses. As a rule, however, careful inquiry into the history and details of a case will pay for the time and trouble thus taken, as the following short case illustrates.

In November last I was summoned at 11 P. M. to see a little boy, aged four years, who had been taken ill. The history of the case was, that he was all right up to teatime, and, indeed, on being put to bed at 8.30 appeared the same; but on being looked at by the parents before they retired to rest, as was their custom, they found him breathing very heavily, and were alarmed and sent for me. When I arrived, in a moment I diagnosed "croup"—that is to say, without asking any questions; and seeing no time was to be lost, as the boy's face was already blue and swollen from impeded respiration and deficient aëration, I began to prescribe my usual remedies, and which I am thankful to say usually succeed—viz., *Acon.* and *Spongia*, administered every ten minutes in alternation. But as I anxiously watched the case, feeling sure a short time would decide for or against, I entered into conversation with the parents and began to make fuller inquiries into the previous history of the child, and the following little incident was told me, which, of course, turned the whole case. On the same day at teatime, when the mother had just filled up the teapot with hot water and left it on the edge of the table, the little fellow drank out of the teapot spout, and although it was very hot he seemed to make no complaint of any pain in his throat, and played for some time, and even went to bed without complaining. Here we had an entirely new condition of things, which could have had no true interpretation apart

from the incident just related; symptomatically it was a case of "Cynanche Trachealis;" pathologically it was "Cynanche Laryngealis;" and I suppose if one had searched through all the homœopathic literature extant only one medicine could have been found to have met the case, and that was *Apis*. *Apis* was promptly given, and in from four to six hours all danger might be said to be over.

Occasions like these are times when one is devoutly thankful for the specific treatment of Homœopathy. Under any other system this case must have been lost; surgery, perhaps, might have made an attempt by an operation, but the risks of tracheotomy are very considerable, and if successful the nursing long and tedious. But what a contrast—the administration of a few doses of simple medicine *versus* a serious and risky operation! The principal lesson taught us by this case is the importance of getting the entire history or complete picture of a case before we prescribe the remedy.—*Homœopathic World*.

WHAT IS MALTINE ?

It is a highly-concentrated extract of malted barley, wheat and oats, prepared in specially constructed works on the Hudson.

According to the best authorities, the value of any extract of malt depends on four chief materials: first, starch-digesting material, known as diastase; second, flesh-forming material; third, bone-forming material; fourth, heat-producing material. The function of diastase is to aid the stomach to do its natural work of converting bread, potato, pastry, puddings, and other farinaceous food, into a fluid substance readily absorbed by the human system. In short, to aid digestion. The three other chief materials of malt-extract

contribute directly to the nourishment and well-being of the system.

We esteem "Maltine" specially on two grounds: first, because it is a non-alcoholic, and, secondly, because it is a vegetable product. It is really a convenient form of administering the all-important *Diastase*, and that without alcohol or any other objectionable substance. Not that we would condemn alcohol under all circumstances; but we think it a serious responsibility to order it to young girls and children, and, above all, to the suckling mother. To those who cannot digest their farinaceous food without beer, we commend this elegant and excellent preparation as a substitute for it.—*Ibid.*

EPILEPSY IN THE DOG.

By E. THOMAS, Chester.

Patient, a female Scotch terrier dog, aged six years; had not had puppies for two years. For three months prior to my being consulted she had had attacks of running around a small circle, and suddenly falling down, after which she would be very weak for several days. The attacks came on every week or ten days. I sent *Belladonna* 30, a powder night and morning for a fortnight, then to cease medicine for four days. The report was very satisfactory, but some fresh symptoms were noticed, and *Nux Moschata* ordered. After a week with this medicine *Bell.* 30 was again given for two months, remitting medicine every fourth day. At the end of last May, the fourth month of treatment, the owner of the dog reported:—"The dog is now quite free from the attacks, but occasionally seems uncomfortable, and we are fearful of a return." I gave them more powders of *Bell.* 30, with directions to give *two a week in mornings*. In July I heard that she seemed perfectly well.—*Ibid.*

REVIEWS AND NOTICES OF BOOKS.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. Ludlam, M. D. Fourth edition. Duncan Bros., publishers, Chicago.

"The early call for a fourth edition of this work is a fair indication that it has not failed of the purpose for which it was written."

It is once more our pleasant duty to review this useful work, and with each edition we notice many new and interesting facts.

To this edition has been added a Lecture upon Ovariectomy, and one upon Puerperal Endo-metritis.

In the Lecture upon Ovariectomy, the author lays particular stress upon the advantages of pure air for the operation, rather than any of the disinfectants in use.

Each step of the operation is taken up in order, and the different methods compared. Preference is given to using a dry napkin for cleansing the abdomen, rather than a sponge; also Sims' plan of forming a drainage tube through Douglas' *cul-de-sac*, and leaving it there for the escape of the abdominal fluids.

In the Lecture upon Endo-metritis, the author adopts the classification of Hervieux of La Maternite, Paris, recognizing three varieties of inflammation of the womb in lying-in women. They are *Endo-metritis*, *Exo-metritis*, *Idio-metritis*—two or more of which are liable to co-exist, and involution is arrested as a direct and almost certain result.

We are glad that in our school we possess so valuable a work, and we believe that there is not a work in any school arranged in the same manner—peculiarly adapting it to the student's use.

MATERIA MEDICA AND THERAPEUTICS. VEGETABLE KINGDOM. By Charles D. F. Phillips, M. D., F. R. C. S. E., Lecturer upon Materia Medica, Westminster Hospital, London. Edited and adapted to the N. S. Pharmacopæa, by Henry G. Piffard, A. M., M. D. Seventh volume of Wood's Library of Standard Medical Authors.

This volume contains only the drugs from the Vegetable-Kingdom, is valuable as far as it goes, and we notice many familiar faces, such as Aconite, Belladonna, Chamomilla, Cimicofuga, Pulsatilla, Rhus, etc. From our standpoint, it is somewhat remarkable to note the discrepancies between the therapeutic action of the well known Aconite, as given in this Vol., and the former articles upon this subject.

The author says: "In my experience I find Aconite always indicated in the early stage of simple inflammatory fevers, where as yet little organic change has taken place; also in the early stage of pneumonia, and in most acute congestions. It should be given in all inflammations of serous membranes, before the exudation has passed the plastic stage—especially in pleurisy, pericarditis, etc."

We take exception to the statement that it should be given in *all* inflammations, for no such generalization can be admissible in exact therapeutics, and what we, as Homœopaths, miss most, is those clear and concise characteristics, which enable us to individualize the remedy. It is well known that the American editor, whose additions greatly increase the value of the Vol., is far in advance of many of his colleagues, in respect to his views of therapeutics; and if the progress of the old school in Materia Medica is as great, during the next ten years, as in the past, we may expect a work which will present the subject in a light sufficiently compre-

hensive to be of service to even a Homœopathist.

WINTER AND ITS DANGERS. By Hamilton Osgood, M. D., Lindsay and Blakiston, Philadelphia.

This is the seventh volume of the American Health Primer series. Like almost all the rest of the series, which goes before it, it comes as a wise counselor, plain of speech and well worthy of heed. It is appropriate to the season, and talks of the dangers from errors in dress, bathing, food, overheated air, indifference to sunshine, school-life in winter, and winter amusement. It is a readable little book, and full of good things, both old and new.

OBITUARY.

Died, September 24, 1879, CHARLES J. HEMPEL, in the sixty-eighth year of his life.

With sadness do we record the death of him who may justly be counted among the fathers of our school in this country.

Though born in Germany, and educated there and in Paris, he received his medical education in this country. He graduated in the medical school of the University of New York. But, not satisfied with the practice of the old school, he learned to appreciate and became a convert to Homœopathy.

He soon became a leader in the school of his adoption. A thorough scholar and polished linguist, he gave to the profession in this country correct and elegant translations from the works of our transatlantic colleagues, and, to the general public, masterly renderings of some of the best prose works of the German *belles-lettérists*. But we have always considered his Materia Medica as the crowning work of his life. Scientific, thorough, clear and terse, it

was for a long time almost the sole sure guide to the student of that branch of our profession in our school, and will remain for years to come an indispensable book of reference.

He was, moreover, a Christian gentleman, who, during the suffering endured while feeble and blind for years, displayed that patience and resignation which no worldly philosophy could give; and his death was plainly the death of a good man, who is conscious that he enters the regions of peace and unalloyed happiness.

RESOLUTIONS OF RESPECT.

At a meeting of the Homœopathic physicians of Grand Rapids, held at the office of Dr. H. R. Arndt, in September, the following resolutions were unanimously adopted:

Whereas, It has pleased our Heavenly Father in his providence to remove from our midst, by death, Dr. Charles Julius Hempel; and

Whereas, It is fitting that some public testimonial be given to a man of such eminent service to the cause of Homœopathy; therefore

Resolved, That we, the homœopathic physicians of Grand Rapids, in full sympathy with him in the great medical reform which he, as a disciple of Hahnemann, has done so much to advance as a successful practitioner of Homœopathy, and as the foremost contributor of his age to its literature, do thus publicly express our high appreciation of his eminent ability, and of his great services.

Resolved, That in Dr. Hempel we lose a brilliant scholar, a Christian gentleman and a faithful friend. To a nature most gentle and courteous he added the character of the constant student; and while afflicted with total blindness and absolute helplessness for years, he ever retained his genial ways and his interest in the affairs of professional and

of public life. It may truly be said of him that he died in the harness; for his last and greatest contribution to our literature, a complete and revised edition of his work on *Materia Medica*, is even now going through the press.

Resolved, That in his life we have a noble example of what patient toil can accomplish, and that we are stimulated to the faithful performance of our duties, many of them labors of love, by his life's crowning usefulness and honor; by his death we are reminded that life is brief, and that what we would do we must do quickly.

Resolved, That in respect to the memory of our distinguished brother, we attend his funeral in a body, and wear the usual badge of mourning.

Resolved, That copies of these resolutions be furnished to the papers of this city for publication, and to the various Homœopathic periodicals of the United States; also, that the secretary be requested to present a copy of the same to the family of the deceased.

G. N. BRIGHAM, Chairman.

H. R. ARNDT, Secretary.

C. W. Prindle, De F. Hunt, A. B. Botsford, I. J. Whitfield, A. D. Bellamy, R. M. Luton.

PUBLISHER'S DEPARTMENT.

—A number of the first volume of this journal contained an article by Dr. A. G. Beebe, of Chicago, wherein Ridge's food for infants was discussed and commended. It is a significant fact, that the demand for that issue has exceeded any other.

—These cond number of the *Obstetrical Journal*, issued last month, is even an improvement on the very valuable first number, and Mr. Minton is receiving well-merited commendation for his excellent work.

—Dr. C. L. Hart has removed to the S. W. corner of 15th and Farnum Streets, Omaha, Neb.

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A COMPLICATED CASE.

Commencing with Diphtheria, which was followed by symptoms of Rheumatism, Angina Pectoris, Nephretic Colic, Albuminuria, Uræmia, giving rise to Epileptiform Convulsions and Transient Paralysis.

BY

ELIAS C. PRICE, M.D.,

Baltimore, Md.

On the 18th of October 1878, I was called in to see Mr. H. A. C. Found him suffering with diphtheria; age, 27 years, measures five feet, five and a half inches, and weighs 180 lbs., very light hair, blue eyes, pale skin, lymphatic temperament. Treated him from the 8th to the 15th. Remedies used, *Phy. Kali bich.*, *Binioid Merc.* and *Gels.* A few days after I dismissed him, he went down town dressed in a thin suit, took cold, and on the 20th of Oct. I found him with rheumatism. *Salicylate of Soda* relieved the excessive pains in a

few hours; gave a few grains of the crude every two hours; on the 22d, *Bry.* 30 centesimal; 23d, *Rhus*, same dilution; 24th, *Salicylate of Soda* again. On the 24th he was attacked by a smothering sensation, and then a severe pain in the region of the heart, wanted to be rubbed vigorously over the heart, and fanned very hard; after from three to five minutes, a crawling sensation or aura would commence at the heart and gradually ascend to the head; as soon as it reached the head, all unpleasant sensations would leave the heart, and he would immediately begin to rub his head and grasp at what little hair he had on his head, for he was very bald for one so young; he then became delirious, after first saying "there, it has gone, it has left my heart and is going to my head." This paroxysm lasted about as long as the other, when he passed into an unconscious condition, lasting from 15 to 30 minutes, after

which he aroused as bright and fresh as if nothing had been the matter.

During the last week in October, my friend Dr. B. was requested to see him in consultation. When we went in the hall we met him at the foot of the stairway, or rather we waited at the foot of the stairway, as he was already coming down; the walk to the lounge in the dining-room brought on a spell, which Dr. B. had an opportunity of witnessing. Dr. B. frankly acknowledged he had never seen a case like it, and if the patient was a woman he would call it hysteria. Soon after this symptoms of intermittent fever came on. After the symptoms of intermittent became milder under treatment, he complained of a sensation as if the patellæ had been taken out and the cavities filled with ice. The suffocation and pain at the heart became again worse on the 31st of Oct., when I gave *Cactus* g., Nov. 1st, *Nitrate of Amyl.*, on the 2d, *Ars.* 3 trit., which was continued up to the 5th. On testing his urine I discovered that the test tube was about one-twelfth filled with albumen. His father died about seven years ago with Bright's disease. Two of his sisters, who had never had homœopathic treatment, had been clamorous for some time for an allopathic physician; they now demanded that Prof. J., who attended their father, should be sent for. His father-in-law came on the morning of the 5th to inform me that he had withstood the pressure as long as he could, but that he was obliged to yield at last, and was then on his way for Prof. J. In the afternoon he called to tell me that Prof. J. was ill, and he desired me to resume the treatment of the case, and to take my friend Dr. S. with me. About this time another change took place; when the paroxysm went to his head, he was seized with strong convulsions, during which he would try to beat his head against the head-board, if in bed, or

against the floor, if on the floor, for often in his struggles he got off the bed or lounge, if lying on either when the paroxysm came on. *Stram.* 2 c. soon relieved the propensity to beat the head against some hard substance. On the 7th *Sumbul* was given for the symptoms of angina pectoris, and as the *Ars.* had not lessened the amount of albumen, *Calc-ars.* 3 trit. was given; in a few days the amount of albumen became less. On the 13th another symptom was added to the catalogue; he was taken with a very severe pain in one testicle, and in about five minutes afterwards he screamed out with a most excruciating pain in the region of the kidney, extending down the ureter; he sprang up and got on his knees, burying his head in the pillow, threw up his buttocks like a horse attempting to kick up, screaming and roaring all the while like a madman. These attacks occurred once or twice a day for from four to five days, and then returned only occasionally. He had been taking *Tarantula* 12, for the angina when the pain in the kidneys came on; he now got *Hydrangea*, *Cann.*, *Pareira brava*, etc. We watched carefully for a calculus, but found none.

The aura now commenced in the kidney instead of the region of the heart, extended up the back, and when it reached the head he had convulsions, during which the inclination to beat the head against the nearest hard substance returned again, but was soon relieved by *Stram.* 2 c. The albumen having increased slightly again, we gave *Tereb.* 1st x, and the pain in the back having become very severe, we advised that his back be rubbed with a small quantity of the Crude *Tereb.* The relief was so great that he had his back rubbed more frequently and more profusely than we desired, the result was almost a total suppression of urine. Although he begged to be allowed to

continue the Tereb., we stopped it and put him on Apis. The pain now settled in the right kidney. On looking over Hale's New Remedies, I found Helonias was now the suitable remedy, so it was given, with excellent results, on the 20th of Nov., in alternation with Bell. for the convulsions, which now for several days came on about 5 o'clock in the afternoon. After he ceased beating his head, he closed his fist, and thrashed about from side to side with his arms, sprang upon his feet and made a dash for the window, until his nurse was obliged to seize him and throw him down on the floor; twice he came near leaping out of the window of the second story. Instead of becoming conscious again in a short time, he would now lie sometimes for four or five hours in a partial cataleptic state; then for a time the convulsions were followed by transient paralysis of one side, or one leg, then at other times he would exhort, pray, or sing, join others in singing hymns, when in every other respect he seemed unconscious.

On the 26th of Nov. he got Calc-ars. again, and on the 29th the nephritic pain must have returned, for I see he now got Berberis, and on the 30th we returned to Tereb. 2x dil. During some of the last convulsions he had, he foamed at the mouth.

The albumen still continued in small quantities. We got him to send to Boston for a barrel of Poland Water from South Poland, Maine, it arrived December, 5; he began using it freely; in about a week or ten days after he had commenced drinking the water, the albumen had disappeared; he used it at table in the place of tea and coffee and drank it freely between meals. Finding that it was acting so freely on the kidneys, I got him to measure the amount of water drank and the quantity of urine passed in 24 hours; he drank a gallon and a pint of water, and passed a gallon and half a pint of urine. On

Dec. 2d, the pain in the right kidney continuing, we resumed the Helonias, which he continued to take at times for nearly two months, it soon relieved the intensity of the pains and was really the only thing that had any influence on them; but after being *relieved*, they passed away very gradually.

On the 25th of December, Christmas, he went to dine at his wife's father's, only three or four doors from his house, continued to go out until the 9th of January, when he had a return of the convulsions with the propensity to beat his head against the nearest object; he got Stram. 2c. for a week, though the convulsions only continued a few days; after the 13th I only saw him occasionally for a few weeks.

During the spring and summer he appeared quite well, but I could not get him to stop the use of the Poland water, he was afraid the disease would return if he did so, and continued its use until he had drank *five barrels*. Although his health appeared to be perfectly restored, appetite excellent, bowels regular, no albumen in urine, yet every time he heard of any one dying with Bright's disease, he either imagined that the disease was returning, or that he was doomed to die of it at some future time; every little ache or pain he had in the head, chest, back or legs he imagined was caused by Bright's disease. In September he was sure he had Bright's disease again, came to my office half a dozen times in a little over two weeks for me to test his urine; the tests with heat and nitric acid, and also with a saturated solution of pure crystal of Natrum Sulph. mixed with an equal quantity of urine, to which a few drops of the following was then added: Carbolic acid No. 5, Dilute Acetic Acid and 95 per cent. alcohol, of each half an ounce, showed no albumen.* If

* Sometimes, when there is no albumen present

there is albumen present the last test will show the albumen between the last ingredients added and the urine, looking very much like a wheel of compressed cotton, or like the edges of the compressed cotton rings that are worn over corns for their cure. He had been at my office on the 17th of September. In a few days I learned that he had had another attack, it was said, more violent than the first. Prof. J. was now sent for. The first day he said it was all caused by nervous prostration. The next day he said it was epilepsy caused by uræmic poisoning. The day following, finding a small amount of albumen in his urine, he said it was Bright's disease in the worst form, that he might be patched up for a little while, but he would never be well and that he was liable to die at any moment in a convulsion. I now learned that he had been going to Prof. J.'s office as often as he had been coming to mine, but that Prof. J. had not previously been able to find any albumen. This attack only lasted three days. He went to Prof. J.'s office for a few weeks; becoming disgusted with taking large doses of Iron and fluid ext. of Jarborandi five times a day, he came back to me. If he takes violent exercise I can find a trace of albumen. He looks well, is gaining flesh, now weighs 190 lbs.; two nights ago he sat up with a corpse, last night was out to supper, ate heartily of *soused hog's head* and preserved *pine apple*. A very prominent and well known merchant died very suddenly two nights ago in his store

a faint ring will form, but on being allowed to stand several hours it will entirely disappear, which it will not do if albumen is present. Sometimes, after standing two or three days, the albumen will sink to the bottom of the tube; again I have seen a different looking substance fall to the bottom, which, on being heated, would redissolve, proving it to be mucous. This test is much more delicate than heat and Nitric acid, and will show albumen when the other will not, but it is not a quantitative test.

with heart disease. I was sent for this morning (Dec. 8th, 1879) to see him, said he died 39 times last night with heart disease, was afraid to get out of bed lest he would fall over and die, he knew if he attempted to walk down to my office he would die on the way. On asking how he felt last night, said he felt a little tightness and uncomfortable feeling about the chest and heart, it was not very bad, but he was afraid to go to sleep, so he kept all in the house awake.

Unfortunately he has nothing to do but to think about himself.

PERI UTERINE CELLULITES.

BY

M. S. CARR, M.D.,

Galesburg, Ill.

Mrs. M., aged 38; mother of ten children; healthy in every way, has had natural labors and enjoyed good health up to the time of her last pregnancy; during that had a great deal of pain in the lower part of the back, especially on lying down, and on that account would sit up late at night, running the sewing machine, worked by hand, and sewed a great deal, especially in the months of her pregnancy; was confined on the 30th day of April.

Labor natural and not at all protracted; seemed to be doing well until the 2d of May, when she took a chill at night, and had symptoms of peritonitis which yielded readily to Bell.²⁰⁰. Lochial discharge kept up, urine healthy and bowels regular, and on the 15th discontinued my visits.

On the 20th was called to see her again; found some soreness in the region of the left ovary, and complained

of a general feeling of weakness and prostration of the uterus; gave her Merc.²⁰⁰. On the 29th was called again and found her suffering intense pain in the left ovarian region with high fever, and on examination found a hard tumor filling the left side of the pelvis, very tender on pressure; the uterus pushed to the right side and appearing natural; bowels regular; secretion of milk natural. From this time till the 16th of June, 18 days, she suffered intense pain in the region of the tumor: gave her Arnica, Bryonia, Ozenta and Arsenic; got the most relief from Bryonia. But the pain was so intense she could get no rest, unless it was under the influence of Morphine. During this time the tumor had gradually extended upward so that it was as high as the crest of the ilium, presenting a round, hard surface, that could not be covered with the hand, very tender on pressure, and on the vagina, presenting a smooth, hard surface, very tender, and with great effort the cervix could be reached, being very high up in the right side of the pelvis.

On the 18th of June slight traces of pus could be detected in the discharges. From this time to July 18th, one month, there would be some days quite a free discharge of pus, then the tumor would inflame and become more tender for a few days, and then discharge again, all the time attended with irritative fever. During this time I found nothing to give relief but Ars.²⁰⁰ and Bryonia²⁰⁰. Silicea seemed to do no good; when the inflammation became active, Bryonia, and when it abated, Ars. During this time, two or three times, she discharged small pieces of fleshy-looking substance, resembling very much muscular tissue.

From the 18th of July to the 1st of September the discharges kept up; no great amount at any time, but a constant discharge; not much fever, a good appe-

te and the tumor gradually diminishing in size and tenderness. From the time she took sick until the 1st of September she was not able to turn or lie on either side—a period of about four months. During her convalescence she was somewhat troubled with night-sweats, which were relieved either with Nat. Mur. or Ar. N. A. 200. She got great relief from applications of hot water; we kept a spirit lamp with a burning with hot water and she could bear the water so that it would scald any other part of the body. During her illness I had the counsel and advice of Dr. Parsons, of Kewanee, Dr. Hamilton of this place, and Dr. Stillson, of Keosauke and she was visited by several other physicians.

She did not sit up any until about the middle of September, and has not been able to walk until the last few days. There is some discharge still, and the tumor is still perceptible in the left side. The peculiarities of this case are the complete confinement of all the troubles to the pelvic cellular tissue; there has been no inflammation of the uterus, the bowels have been perfectly regular, the secretion from the kidneys has been perfectly healthy, no difficulty in voiding the urine, and she is still nursing her babe, and has plenty of milk.

As to the effect of remedies in her case, although it has been a protracted one, and as we have no good remedies to correspond with these cases, yet, on the whole, I think it very evident that, if they did not effect a cure, they afforded great relief and very much shortened the course of the disease. As to the use of Morphine in these two cases, perhaps if I had been able to select the right remedy I might have afforded relief without its use, but I have not been able to do so. Sleep they must have: I only used it as a last resort, once only during the inflammatory stage.

A NEW PROPHYLACTIC.

BY

GEORGE M. OCKFORD, M.D.,

Burlington, Vermont.

We believe that a prophylactic must be homœopathic to the disease which it prevents, and not only so in regard to the symptoms it produces, but that the poison of the preventive agent must be identical in its nature with the germ or morbid influence that begets or develops the disease. The prophylactic against small pox is vaccination with the virus of cow-pox. Without stopping to debate the question whether the poison of these diseases is animal or vegetable, one thing is evident, and that is, that there is a unity or similarity in them.

Small pox produces a characteristic eruption; no matter what its intensity, it is always the same. The effects of the vaccine poison is similar. The eruption in its character is identical with that of small pox. Here we have a sure prophylactic and one that is always reliable. Belladonna is a prophylactic against scarlet fever, and in a great many cases its action as a preventive is sure. But cases do occur in which Belladonna is powerless in arresting the disease, hence we find that it has been discredited as a prophylactic by many. Now why is this discrepancy? It is simply because scarlet fever differs in its character. In its general features, the disease is the same, but in its eruptive manifestations there is a marked difference. The smooth eruption of *scarlatina levigata* differs from the eruption of *scarlatina miliaris*, or that of *scarlatina papulosa*. Is it not too much to expect that a single drug is going to meet all these different conditions. We might just as reasonably hope to cure every case with Belladonna as to expect it to be prophylactic to every form.

There is no doubt about its power to prevent the true Sydenham scarlet

fever. It is truly homœopathic to the perfectly smooth and scarlet eruption, and as a prophylactic in this form of the disease its action is as sure as that of vaccination. In the miliary form of scarlatina, Belladonna seldom is of much use, but there is a remedy that is homœopathic to this form, and that is *ailanthus gland*, and this remedy I would suggest as a prophylactic. I have used it in a limited number of cases during the prevalence of scarlet fever, in which *ailanthus* was the principal remedy indicated, and as those to whom it was administered escaped an attack after direct exposure, it is safe to say that possibly it did prevent the spread of the disease. My experience with it has been limited, but if physicians practicing where the miliary form of scarlet fever is prevalent, would investigate the subject and report, another step may be gained in the prevention of this terrible malady.

INTERMITTENT FEVER.

BY

WILLIAM S. MULLINS, M.D.,

Charleston, Ill.

The time was when homœopaths sounded the startling cry that the hydra-headed monster, "chills and fever," could not be cured without quinine or some of its alkaloids. The vast improvement in our literature, and the faithful and assiduous study of our *matéria medica*, has indeed wrought untold wonders in the treatment and cure of "chills and fever." By way of divergence, let me say that the advertising of "sure cure for chills and fever" by some of our pharmacies is a detriment to many young physicians and an

injury to homœopathy in general. It is the putting forth upon the market a combination of drugs guaranteed to cure without fail. An allopathic drug house could do no more. Dr. Lord has done more towards advancing the law *similia*, as it relates to chills and fever, than any other physician who has treated the same subject. For three years I have selected my remedy as laid down by Dr. Lord, and out of over one thousand cases of chills and fever, I have only failed in three cases; and, what is curious, the three cases drifted into allopathic hands, came back to me, and were cured. To the young physician just starting upon his professional career, permit me to advise you, if it is your intention to locate in a malarial district, like the one in which I live, Wabash Valley, to first procure "Lord on Intermittent Fever," study drugs and their action upon the nervous system, so, at a moment's notice, you can distinguish a spinal-sympathetic, or a cerebro-spinal irritant; also be able, after a moment of thought, to know what symptom or set of symptoms are produced by the miasm irritating the sympathetic-spinal, or cerebro-spinal system of nerves. Turn to your *materia medica*, individualize close enough to get the complete prototype of the symptoms, objective and subjective. I care not what potency, only that it be sufficiently high as to have developed its latent dynamic power. Then give it to your patient with the utmost confidence in the efficacy of our great and divine law of cure. By doing this you will have, if not one before, made a firm believer in homœopathy, and expanded your mind to receive greater truths yet to come.

A few cases from my note book will suffice for the present:

Mrs. —, aged 29; nervo-sanguine temperament; chills and fever for 11 months; been treated by allopath; chill

every day at 11 A. M.; slight chill, high fever, little sweat; no appetite, bowels constipated, thirst during chill, little and often; pale face (anæmia), abdomen bloated. Ars. 30th, 5 pills, No. 30, every 3 hours. Saw the lady in four days. A slight fever occurred the next day; no chill or fever since, but complaints of being sleepy after meals, slightly dizzy, some headache, right side, pupils dilated. Presc. Bell. 200, one dose per day. Six months has passed, no more chills. The absence of chill being slight, the fever intense, demanded a sympathetic irritant; the dilated pupils, headache, and sleepy after meals, demanded a cerebro-spinal irritant. Both remedies were needed to cure.

James W., aged 36, husband of the lady mentioned above. Commenced to chill 11 months ago, at same time and hour as did his wife. Has received allopathic drugging; chill every day at 8 A. M.; chill intense, teeth chatter, high fever, sweats after fever, vomits after chill, dull aching pains in the back and legs, cheeks flushed, bowels constipated. Presc. Nux, 3d, and Eupatorium, p., 6th; five drops in one-half glass of water; teaspoonful every two hours in alternation. Called in four days; no chill, no vomiting; high fever, intense headache, fever comes on at 11 A. M., thirsty, bowels moved twice, limbs ache. Presc. Ars., 30th; no change. Presc. Ars. 200 no chill or fever, feels weak; continued Ars. 200, night and morning. Cured. No more chills up to this writing. In case number two the patient really needed a spinal and sympathetic remedy. As the great chill and the intense heat were about equal, Eupatorium and Arsenicum would have cured the case.

Miss B., aged 19, commenced to chill 10 months ago. Chills every other day, at 7 A. M.; bowels constipated, saffron skin, eyes congested, pupils

dilated, chill hard, pulse after chill 110, tongue coated white, slight appetite. Presc. Nux 3d in water, Bell. 6th, one dose. Called in 6 days; no chill, bowels regular, appetite better, fever comes on at 8 P. M., no sweat, no thirst, limbs and back ache during fever. Presc. Puls. 30th, 4 times per day. Cured.

Child, aged 11 months; no chill noticed, hands and feet feel cold and get blue at 11 A. M., high fever, restless, thirsty, pupils dilated, spasms during fever, bowels normal, during spasm face blue, showing venous congestion. The above array of symptoms demands a cerebro-spinal irritant. Presc. Bell., 10,000. Cured in two days.

HOURLY CONTRACTION OF THE WOMB.

BY

A. B. RICE, M.D.,

Panama, N. Y.

My purpose in narrating the following cases is to call the attention of the profession to the treatment of this annoying complication.

I. About 10 o'clock P. M., November 7, 1879, I was called to attend Mrs. E. L., aged 30, in her second confinement. Found the patient up, with regular pains, and the case proved to be one of those easy ones which fortunately we so often meet in multipara. About 3 o'clock A. M., November 8, she took her bed, and after a few pains, of not unusual severity, she was delivered of a medium-sized female child. No medicine had been administered, save one or two doses of arnica, 2x (five drops in half a tumbler of water, a teaspoonful at a dose,) just before delivery.

The child was vigorous, and the umbilical

cord was tied twice and cut between the ligatures.

Pressure over the uterus showed contraction, but moderate traction upon the cord gave that peculiar resilient feeling which tells so plainly that the placenta is firmly held in the cavity of the uterus.

A more careful examination of the womb through the relaxed abdominal walls showed the uterus to be inclined to the right side, and contracted in its transverse diameter, but not in length. It could be traced nearly to the liver on the right side of the abdominal cavity.

About its middle could be felt the well-known constriction, as though a cord were tied about it, which gives the name to this form of irregular contraction.

By following up the cord with the finger in the vagina, no portion of the placenta could be felt.

There was no hemorrhage to be alarming, and the after-pains were not severe.

Grasping the womb with the hand, according to Crede's method, and frictions upon the upper portion of the womb, to secure, if possible, a uniform contraction, were tried occasionally for an hour without avail. No remedies were given.

For the reasons given below, the right hand was introduced into the lower segment of the uterus, the constricted portion dilated with the fingers, the placenta, which was separated, but firmly held by the upper portion of the womb, was grasped, and hand, placenta and all expelled by a regular, uniform contraction. A good "getting-up" followed.

II. About five years ago I attended this same woman in her first confinement, which was almost exactly similar to the one described above, save the fact that labor was a little longer and the

pains more severe. The same complication occurred, and the same treatment was followed. The recovery was good, not an unfavorable symptom occurring.

I am aware that immediate delivery of the afterbirth in these cases is not the treatment of the books. But is there any hope of a relaxation of the constricted portion in any reasonable time? Will the exhibition of remedies succeed any better? And if obliged to resort to manual interference at last, is it not much better to do so soon, while the vulva and vagina are relaxed, and before the uterus has settled into a state of tonic contraction? If the operation is performed early it can be done with comparative ease and greater safety.

Will the readers of this journal give through these columns reports of cases of irregular contraction, with the treatment used, and its results? Do cases of spontaneous relaxation occur? Will remedies succeed in a reasonable time?

And if so, what are they?

Who will answer?

RELATIONS OF MINOR SURGERY TO GENERAL PRACTICE.

Read before the Homœopathic Society of the Wabash Valley by M. H. WATERS, M.D., Terre Haute, Ind.

To day, more than ever, the world of science and industry is subdividing, formulating and systematizing thought and labor into departments and sub-departments, that each may have the benefit of concentrated energy, and investigations be carried to their ultimate results. Most emphatically is this true in medicine, and I accord to the *skilled* specialist all honor. They, each in his chosen department, are the ones to whom the busy general practitioner

must look for advanced ideas and methods, and we ought to avail ourselves of every opportunity to encourage them in their work, and increasingly urge them to give us the results of their labors in concise monographs.

Notwithstanding this necessity for the division of labor, I am each year more impressed with the importance of a more thorough knowledge of minor surgery by physicians, and, from its intimate relation, the impossibility of divorcing it from a general practice.

My position as surgeon for the Travelers' Insurance Company since 1872 has doubtless tended to deepen that impression, as it has given me somewhat extended opportunities for observing how different surgeons care for the injured, as the company require of me a personal examination of each case and to be constantly on the lookout for anything which tends to retard recovery.

I meet all grades, from the most skillful, whose work is nearly faultless, to that where culpable carelessness and ignorance are exhibited in adjusting and dressing wounds, fractures, dislocations and their treatment.

Our daily routine of duties is liable at any moment to be disturbed by emergencies which compel us to act, and to act promptly, leaving no time to send for specialists, or even for assistance, and I especially urge the importance of qualifying ourselves for these times of special need where surgical aid is required.

To be prepared for these demands, it is not enough that by reading we have mastered the theory, but we should become familiar with the mechanical part, by accustoming ourselves to the use of the different instruments and appliances for operating and dressing, making use of the cadaver or anything appropriate which will answer our purpose, until not only the head, but sight

and touch are educated, and I would give prominence to the roler in its various forms, in the use of which practice alone will make us expert and enable us to bandage quickly and at the same time neatly. This knowledge of just what is required will also enable us to improvise anything which may be lacking. A small abscess neatly opened, a wound expeditiously and nicely dressed, a catheter skillfully introduced, a hernia easily reduced, a foreign substance dextrously removed from the ear, eye, nose, throat, stomach, or, in fact, from any portion of the body, is to those directly interested of the greatest importance, and he who is best able to step in and meet the requirements of the case, and by so doing proves himself master of the situation, not only will escape the ridicule of those omnipresent old ladies whom nature has endowed with superhuman medical knowledge, but will secure the confidence of others, and induce them to trust us not only in similar, but in other more difficult and complicated cases. It will at the same time assist in establishing a reputation which will help to bridge over those worrying places, where even a little of that confidence is almost invaluable, not only to the patients in saving them from heroic medication, but to us, in enabling us to retain our patient; for, however unwelcome the thought, we must expect to contend against the tendency to return to customs and practices which have the sanction of age, and which helped their ancestors through all those years to die scientifically, and and often quickly.

Upon us as homœopaths is placed a double responsibility, for in addition to the requisite knowledge and skill, we must be prepared to meet opposition which, when not active, often attempts to induce people to take it for granted that it is *impossible for a homœo-*

pathist to understand surgery, much less have the requisite nerve and skill, and thus ignore us altogether. That this is a delusion they are becoming aware in many places, much to their discomfiture, and will ere long accord to us just limits of our efficiency.

PERICARDIAL MURMURS.

BY

W. P. ARMSTRONG, M.D.,

La Fayette, Ind.

As the pericardial friction sound is the most constant and trustworthy sign of pericarditis, there being but few cases in which it cannot be heard at least a portion of the time, it becomes necessary that its characteristics should be distinctly understood.

This sound is produced by the rubbing together of the two pericardial surfaces when, in consequence of inflammation and the effusion of fibrin, they no longer glide smoothly over each other. It is usually harsh in quality, and heard about the base of the heart, although it may in some cases be produced at other points, or even all over that organ. It is increased in intensity by a firm pressure with the stethoscope.

It is most frequently double—systolic and post-diastolic; but may be single and systolic, or even triple, a faint pre-systolic sound being added to the other two. There is, besides, a sort of unsteadiness about it; an irregularity of site, rhythm, and intensity. Change of position, as lying down after sitting, or turning to one side or the other, is likely to change its rhythm, or to increase, diminish, or entirely suppress one or more of its elements. It is liable to change of site in short periods of time, being, in some cases, heard one

day at one portion of the pericardium, and the next day at another portion. When produced upon the anterior or lateral surfaces of the organ, it has a sound of superficiality not possessed by an endocardial murmur.

It is not widely diffused, not being heard beyond the point of its production, and, therefore, not beyond the precardium, and generally over only a small portion of it. The effusion of a sufficient quantity of serum to separate the two pericardial surfaces causes it to cease, generally to reappear with the absorption of the fluid. Extreme cardiac debility sometimes renders it inaudible.

Pericardial friction sound is quite frequently mistaken for an endocardial murmur, and in order to render the difference between these two a little more easily understood, I have prepared the following table of comparison:

ENDOCARDIAL MURMUR.

Constant in rhythm.
Constant in situation.
Change of position has no effect.

Constant in character.
Pressure does not affect it.
Respiration has no effect.

More frequently single.

When double, if both elements basic, is systolic and diastolic; if at the apex, pre-systolic and systolic.

Deeply seated.

Murmur can still be heard when ear is removed a little distance from stethoscope.

Generally more or less widely diffused.

PERICARDIAL FRICTION SOUND.

Irregular in rhythm.

Liable to change of site in short periods of time.

Change of position increases, diminishes, or suppresses it, or changes its rhythm.

Irregular in character.

Pressure increases it.

Often increased or diminished with each respiration.

More frequently double (to and fro); sometimes triple.

Generally near the base, but may be at the apex or other points. When double is systolic and post-diastolic.

Generally seem near the surface.

Generally renders friction sound inaudible.

Not diffused beyond the point of production.

Pericardial friction sounds are sometimes accompanied by an endocardial murmur. In such cases the latter is most likely to be mitral regurgitant, and therefore soft, systolic, and heard loudest at the apex, while the valvular element of the first sound is likely to be wanting.

To distinguish between pericardial and pleuritic friction sounds, let the patient hold the breath. If the sound ceases, it is pleuritic. Now and then, however, it may be cardiac in rhythm. In this case, it proceeds from that portion of the pleura which is reflected upon the pericardium, and may still be distinguished by being situated at the left apex, or at some point along the left lateral limit of cardiac dullness, and not diffused over the pericardium.

PHYSIOLOGY AND PATHOLOGY OF DISEASE ESSENTIAL AIDS TO SYMPTOMATOLOGY.

BY

G. W. BOWEN, M.D.,

Fort Wayne, Ind.

The nomenclature of the diseased condition of the body to be acted upon, can only be of importance to enable us to answer inquiries satisfactorily to friends and patients, but in no wise endows us with the ability to accomplish the aim or object for which our aid has been sought. But the true or present physical condition of the patient must be comprehended, and cannot always

be clearly or satisfactorily demonstrated by the indications displayed in the case in the form of symptoms.

Were it not for the vagaries and freaks so often displayed by the nervous system in manifesting distress at one place, and thus withdraw our attention from the real seat of the disease, located in another portion of the body, we could very well depend on the treatment by symptoms alone.

By these variations and delusions, doctors have been misled sometimes, and rendered or tendered their aid to a part where no help was needed, to the detriment of their patient and their own mortification.

With a thorough knowledge of the true condition, as gained from the assistance afforded by a physiological comprehension of the changes effected by diseased action, whether arising from a mechanical, chemical, or dynamic cause, a much greater degree of certainty would exist of our then becoming an efficient handmaid, in aiding nature to resist invasions, or in expelling obnoxious intrusions.

Were our patrons always sufficiently conversant with anatomy to know even the location of each organ, and comprehended physiology enough to tell the work each part was expected to perform, then we would have less need of studying the physiological departure made by diseased action, and the relationship of symptoms would be much easier defined, and their symbols taken into our estimate of the condition for their full value.

But, reasoning as we must, inversely from the Baconian system—viz., from effect to cause—how often symptomatologists lose sight of the cause and seek to remove the effect is only known by the number of failures to accomplish more than mere palliation.

Because the dominant school depend for their comprehension of the condi-

tion, from the physiological point of view, yet fail for lack of judicious selections in therapeutics, is no reason why we should not appropriate their vantage grounds, and utilize all that may be of good or use to us therein.

It is a well-established fact, founded on one of Nature's laws, that certain natural effects will be followed by a certain train of symptoms in the human system, that will approximately run through the same regular course, changing in its development and progress, so that in a few days or weeks it may appear to be the very opposite from what it was at the start.

It is not in the province of a good husband to provide alone for to-day, he should not wait until to-morrow before he knows where that day's bread is to come from, nor should a judicious physician treat alone for what to-day presents, but he *should know* what conditions will present themselves to-morrow, and mould those circumstances to suit himself, so far as possible. His *prescience* of the future can alone be obtained by his conversance with the general or rapid tendency of certain results to succeed certain results. Those conditions can only be learned by familiarity with the physiological progress of that type of diseased action. When the character and progress has been well noted, and mapped out, then we ought to know what comes next, and guard against it by anticipative treatment. *If we do not*, then why are we doctors, and for what?—not like ministers, to simply draw our salaries.

If we simply confine ourselves to the treatment of to-day, without regard to what to-morrow may bring forth, then are we only time-servers, and should be classed as nurses, seeking simply to ameliorate the condition of our charges and make our charges.

To give Aconite because our patient has fever and several other symptoms

found under that remedy, is not very scientific or artistic, unless we know what caused the feverish condition, and find that is the most appropriate remedy to remove the cause as well as the symptoms. Or, to give Belladonna for headache, and not learn until the next day that Nux Vomica would have made our patient disgorge a pint of brandy and half a can of oysters from the stomach. Yet the throbbing head, the dizziness, and nervousness showed symptomatically that the remedy was selected according to Jahr. A good and friendly physician gave a patient Aconite and Pulsatilla for the earache, and yet he did not know and could not tell whether it was in a stage of congestion, inflammation, or on the eve of suppuration. The ear began to discharge in six hours, but not before the child had spasms.

A spare yet pretty girl of twelve years had her knee poulticed and bathed with Hops, Arnica and Vinegar, and had taken Aconite, Bel., Bryonia, Rhus and China for over a week for the pain in it, and got no better fast. Matter was found to be forming in the acetabulum. I gave her Causticum and Arsenicum, had the matter absorbed, and possibly saved her from being a cripple for life. The medicines had all been selected properly enough from the symptoms, but the pathological condition was not comprehended. The symptoms do not always show where the trouble originated.

A child, one year old, was taken with fever, screaming and vomiting. Two good symptomatologists tried hard to help it, and stop the retching and vomiting. They worked over it nearly forty-eight hours, and gave it Camphor, Aconite, Belladonna, Antimonium, Ipecac, Nux Vomica, and Veratrum, but the poor thing died. When they came to lay it out for the grave, they found a blue spot on its head, and, on exam-

ination, a fracture of the skull, with compression of the brain.

Poor woman! she has never had any more homœopathic treatment since. Had they understood, physiologically, that pressure on the brain would affect the gastric nerves, it might have helped them to a better comprehension of the condition of the case. They are good doctors *for the day*—I mean, symptomatologists.

We ought to be aware of the fact that the practice of medicine in this country, with our mixed temperament and various nationalities, is much more difficult, and requires a more careful discrimination in the analysis of disease, and in the judicious selection of the remedy and potency, than in any other nation in the world.

All are aware that the refined American born woman, with her delicate nervous system, cannot be treated the same as the stoical German, or hard-muscled Irish women, with their less sensitive nervous structure.

First, let the patient be surveyed carefully and critically, to see what organ or part is derelict in its performance of its allotted duty, or if one has more than its share of work thrown on it. Then survey the nervous and circulatory apparatus, and look well to the secretory and excretory organs, taken from a physiological stand-point, then you will, of course, be able to form an opinion of the repairs necessary to be made, or of the aid you will be required to extend, to restore the harmonious working of the complicated machinery.

Then let the selection of remedies be made in strict accordance with the law of similars, but not at the expense of loss, in fact, to what is required by nature's demand. In other words, do not waste time and talents by seeking to remove or palliate sympathetic or secondary symptoms, when by the treat-

ment of the primary, or annulling the cause, all the minor ones will leave without our notice or attention.

But, perhaps, a few homely illustrations from every day life of errors in depending on symptom correspondence, will better elucidate my idea than too much moralizing, or my semi-lucid logical deductions.

Crooked legs in a baby, does not always need Calcaria to prevent a maldeposuit, but a smaller diaper, so as not to spread the limbs at the junction, will give nature a chance to remedy the defect.

Impacted fæces, with pressure on the rectal muscle will cause headache, which no headache remedy will cure until the cause has been removed.

Obstruction of the ureters will cause vertigo and nausea.

Uterine hemorrhage will produce dizziness, headache, and cold extremities, symptoms indicating Belladonna if the cause has not been ascertained.

Pain in the back does not always come from lifting a stove, but may be due to an exhausting leucorrhœa that neither Rhus nor Arnica will cure.

Aphonia is not to be cured by treatment of the tongue or vocal cords, but the brain is at fault. The expansion of the muscular fibres of the uterus will affect the gastric nerves, so will pressure on the brain, but the poor stomach must be treated for it in both cases if we only prescribe symptomatologically.

A bad cough, with pain in the chest and an inability to lie on either side, is no evidence of consumption, and the patient should be hurried off to some other place for a change of air to save his life, for it may all arise from a thickening of the pleura alone. I had the good fortune to cure so hopeless a case in six days with *Melilotus* alone, and stopped his trip to Denver.

All patients that bite and refuse to drink water are not hydrophobic, but may

have simply congested meningeal membranes. If a woman sheds tears, it is no evidence her feelings are hurt, she may have congestion of the ovaries.

Many a severe case of hysteria can be cured quickest by inducing the husband to get a new bonnet, or a dress. Ten prescriptions by the best symptomatologist will not cure the toothache, until one has been removed if they are too tightly wedged together.

Casting off a feather bed will do more towards curing a morning headache, or nocturnal loss, than either *Bryonia* or *Gelseminum*.

Bronchial catarrh may not be an evidence to a woman that her husband will have to get another wife soon, but may be easily remedied by re-establishing her suppressed leucorrhœa.

Sciatica cannot be cured by any selection, or injection of medicine, (if there is induration of the muscular tissues involving it in its fold,) until absorption has been made to take place.

An obstruction of the circulation of blood through the *Labus quadratus*, will make the face and eyes turn yellow, and treatment should be directed to the liver if we wish to change the facial colors.

Many more illustrations could be deduced, but for the present, let this suffice.

For more than ten years I followed systematically, symptomatology, and took no heed of the physiological condition, but for the last fifteen years have taken the effect produced into consideration, and from it have not only found great help in the emergency, but it has to a great extent enabled me to give *anti-inflammatory* treatment successfully, so as to prevent many a development of diseased action.

I am well aware that this view is held in abhorrence or tabooed by a majority of our school, but none can surpass me in fidelity to my patrons' inter-

est, or in reliance on our law of symptomatology.

POTENCIES.

BY

F. R. SCHMUCKER, A.M., M.D.,

Reading, Pa.

The potency question has been so frequently discussed in medical books and journals for years past that the subject has become hackneyed; and yet, although all true homœopathic physicians recognize in our law of cure certainly the best known rule of practice, there is to-day as much, if not more, dissension upon the question of potencies as there was half a century ago. One distinguished professor I heard say to his class several years since: "Homœopathy consists in the law of *similia similibus curantur and in high potencies.*" Another professor, from the same desk, tells his students: "I have tried the high potencies, and found them all moonshine; I now use the low exclusively." The student thus listens to all sorts of contradictory statements on the potency question until he leaves his *alma mater*, bewildered, most likely disgusted, suspecting even that homœopathy itself may be a sugar-coated humbug. I have long been convinced that homœopathy suffers more from many of its professed friends than from its open opponents.

Every attempt to establish the efficacy of high potencies by *à priori* reasoning has hitherto failed. Numerical calculations as to the quantity of a drug in the higher dilutions, expose high dilutionists to ridicule, beyond a doubt. But are we to disregard the testimony of so high an authority as the lamented

Dr. Carroll Dunham, or that of Drs. Lippe, Guernsey, and a host of others, honorable men, once low dilutionists, but whose greater success in later years is attributed by them to the use of high potencies?

Now is there not some rational way of getting at this matter? The question, it seems to me, is not, How can high potencies be effective? but, rather, Are they effective? If I see a dog wagging his tail, I know he has life. You may ask me what is life, and I may not be able to answer you. You may even attempt to show, Sherman-like, by numerical calculation, that life is a mere ridiculous nothing. But every wag of that particular dog's tail makes the evidence more conclusive of the existence of something in that dog we call life. So, if I give Apis, or Silicea, or Graphites, or Mezereum, or Sulphur, in the 30th dilution (and I have not for years found it necessary to use these and some other remedies lower) and repeatedly and uniformly have good results when clearly indicated, these are wags of the dog's tail which convince me there is life in them. I have been, and perhaps am now, in the main, a low potency man. But I have lately been using the 200th potencies quite freely, as an experiment, I confess. In an epidemic of intermittent fever, which we have had here the past six months I have used the 200th almost exclusively. The remedies called for most frequently by the symptoms have been Nux Vom., Nat. Mur., Ipec., Ars., Eupat.-Perf. Where indications have been clear for any one remedy, I have, as a rule, found the 200th potency to act promptly and well—so well, indeed, that I prefer it to the lower in this disease. The same has been true of my general practice. What the occult agency may be that produces the desired results I do not pretend to explain, but if all practitioners will, with an honest pur-

pose, and without prejudice, give the higher potencies a fair trial in their practice, and report the result of the experiment for the benefit of the profession at large, there may be some approach to the settlement of a question so vital to the welfare and progress of homœopathy. If it is found by actual experience that a symptomatology obtained from medical agents proven in the lower dilutions, applies equally well, or even better, to the higher potencies, it will be of very little practical value, though a matter of scientific interest, to know whether or not the 30th or the 200th, given to the healthy prover, will produce any pathogenetic effects.

MERCURY AND ITS COMPOUNDS IN DIPHTHERIA.

A Thesis for Fellowship in the Medico-Chirurgical
Society of New York.

BY J. M. SCHLEY, M.D., NEW YORK CITY.

(Concluded from December issue.)

Last winter an incident occurred which has made a lasting impression upon me. While calling upon a lady in this city, the conversation turned upon homœopathy. From what she said I soon learned that she was no friend of our school. She told me, though, that should any of her children ever have diphtheria, she should dismiss her old school doctor—a man, by the way, in whom she had perfect confidence—and would call in a certain homœopathic physician, who, to her knowledge, had never lost a case of diphtheria in his practice. This is a remarkable statement—but it is true—for this physician told me, that he had never lost a case of diphtheria in over

twenty years' practice. His veracity cannot be doubted. He never prescribed Mercury or any of its forms during the acute stage. I mean by the acute stage of diphtheria that part of the disease where the fever runs high, the deposit continues to spread, the headache lasts, the adynamia is on the increase, etc.

When the process is virtually over, the exudation has fallen from the surface where it was attached, and we have sloughs, superficial ulcerations, a coated tongue, nephritis or pyelitis, then Mercury may be indicated. The only satisfactory answer that I can make to any question as to this remarkable success is, that this physician conscientiously studied each case as it occurred as minutely as if it were a disease he had never yet seen. He individualized each case and prescribed accordingly. I hear some one say—but may not all these cases have been of a mild character, or, perchance, this physician may have erred in his diagnosis? It does not seem probable to me that a physician in a large and diffused general practice, could meet mild cases (type of disease) ALWAYS. As a diagnostician he has few superiors. During the past four years I have met twenty-five or thirty cases of diphtheria. They were mostly seen in a dispensary practice. Of these I lost two cases. I have spoken of one of them. I saw the other case but once, and advised the parents of the child to go for the visiting physician of the dispensary, which they did not do. When I saw the child a slight rash was commencing to form upon the throat and chest—a scarlet rash. Two days after the father of the child called upon me for a burial certificate. The patient had diphtheria—but whether scarlatina was added to it later on, I am still unable to say. Some of these cases were exceedingly severe and tedious to treat. In none of these patients did I find.

Mercury or its combinations with Chlorine or the Iodides indicated during the onset or at the height of the trouble. After the diphtheritic process is ended, we have an anæmic condition such as follows typhoid fever—intermittent fever—accompanied by great prostration.

Here the condition reminds one of Mercury after the system has been saturated with it. It seldom reaches that degree that we have anasarca or ascites, unless the heart or kidneys are at fault. In albuminuria following scarlatina, Mercury is one of our best indicated remedies. I should be disinclined, however, to give it for the hydræmic condition, provided the altered condition of the blood, its loss of albumen, and the destruction of its red globules, should be its sole indication. We see our patients convalescing more rapidly if we put them on a diet rich in such substances which will repair the immense tissue loss without the help of medicine. Mercury is seldom applicable, in my judgment, in acute inflammations. Its pernicious use in the past for all forms of inflammatory conditions have sent hundreds of people to their graves and rendered the lives of hundreds of thousands miserable and wretched in the extreme. No doubt our school is on the right track in the use of this all-important drug. The acute inflammations for which Mercury is most applicable are those of a phlegmonous character. The conditions for which Mercury until most recently has been principally prescribed, were of a non-febrile and chronic character. Pre-eminent among such conditions stands syphilis. We often hear homœopathic physicians speak of those medicines applicable in chronic maladies and those applicable in acute difficulties. I must acknowledge that I somewhat incline to this theory. We seldom think of prescribing Bellad. in any potency in a

chronic pharyngitis, *i. e.*, pharyngitis sicca.

The symptoms may answer to those of Bellad. most closely, but if we prescribe it, we will surely be disappointed as to the result. In an acute difficulty (of the pharynx) calling for Bellad. it is different. Here the relief obtained from the pain, dryness, etc., is sometimes almost instantaneous. The morbid process may also be cut short by the drug. If not of a serious character, it would return to its normal state anyhow, without medicine, provided no irritants come in contact with the throat. Some medicines have a decided elective affinity, and in such cases, if they are administered in an acute or chronic malady, they seem to have the power to reach the special organ which they act upon. In diphtheria we have no special organ, which is the sole one attacked. Sometimes the throat seems to suffer the most, sometimes the nervous system seems to be wholly unfit to fulfill its functions, sometimes the patient seems to succumb to a form of septicæmia, and sometimes the kidney seems to refuse to excrete the urine. The action of Mercury on the nervous system bears no resemblance to that change brought about in it by the diphtheritic process. It is more suitable to a chronic condition, as paralysis agitans and chorea, where the motor system is at fault. In diphtheria the nerve centres (the brain) seem to be paralyzed. This goes on, hand in hand with the morbid process towards its acme with a fulminant rapidity, until the nerves governing the thoracic organs seem to cease to perform their functions, and the patient apparently dies of paralysis of the heart or lungs. The paralysis following diphtheria finds no simile in Mercury.

These are the four important things principally to be considered in a case of

diphtheria. From this it may be readily seen how the physician who associates this disease with one remedy must necessarily be unsuccessful.

But what is diphtheria? What causes it? Diphtheria is an acute, infectious and contagious disease. Further we can say nothing of its nature. The only certain cause of which we may speak with any knowledge is imperfect sewerage. Like typhoid fever and small-pox, its propagation seems to depend on a something which eludes and will probably continue to elude, our senses and all the finest tests capable of being made. The most recent investigations as to the cause of these diseases are very unsatisfactory. They throw absolutely no light upon them, and help us in the treatment of the same not one iota. Some ascribe them to certain fungi. They have discovered in the exudation of the throat accompanying diphtheria fungi, which are called micrococci. These should represent the cause of this disease. I rather look upon them as a simple *product*, not a cause. These animalcules seem to claim disorganized substances as their own. Where decomposition ensues they are always found, though not of necessity of this particular family. As the intestine is the seat of the morbid process in typhoid fever, so is the throat most frequently the seat of trouble in diphtheria. In the former it is always present, in the latter not necessarily so. Bretonneau claims that diphtheria cannot exist without the presence of an exudation. This statement has been proved to be false. That the condition of the throat, though, should absorb the greater part of our attention in diphtheria to the exclusion of the other important organs affected, is wrong. Of course, great danger is to be apprehended if the exudation in the throat extend to the larynx, or if it sloughs or becomes gangrenous. In

such cases we are sure to find the whole organism profoundly involved. Much local treatment to the pharynx I think harmful, and, at any rate, is of doubtful use. I think one might compare the local treatment of the throat in diphtheria to a plan to cure typhoid fever by the administration of some astringent medicine which, in passing over the ulcerated gut may heal it. Both the exudation and ulceration in the two different diseases, are the product of a universal poisoning (if I may use this expression) of the system. We certainly do not prescribe homœopathically in typhoid fever, should we give a medicine with the sole purpose of producing a healing of the ulcerated intestine. At times it is true that the condition of the pharynx occupies our sole attention in diphtheria, as great danger becomes imminent if the process going on is not checked. Perhaps in this paper I may have strayed somewhat from my subject at times, but it was only done in following up a train of thought, and to express my opinions and my experience of Mercury in diphtheria. I have not taken up this subject simply to bring out more discussion and diverse ideas, but *to learn* from the older members of the profession present, what their success and their experience has been. Where two remedies have been used in alternation, and Mercury has been one of them, I claim that no undue efficacy should be given to the Mercurial preparation. I think this is a subject of great importance to us as physicians and as a scientific body, and one deserving of our utmost caution and attention.

1st. How shall we determine, then, that an amalgam of Mercury is not applicable in diphtheria, and 2dly, how may we account for the efficacy ascribed to it by many homœopathic physicians? Physicians who approach a serious and vital subject with care and minute ob-

servation, will find in this malady a large sphere for close scrutiny and discrimination. The homœopathic physician seeking the truth and the best way to cure his patients must, through personal experience or the observations of others, narrow his reasonings down to a point, and be just as careful as he would be when he desires to make a correct diagnosis. Those of us who have graduated from an old school college and received the best part of our education from members of these different institutions, are more particular, I fancy, in making out a diagnosis than those who have always sought or had homœopathic instructors. But we are also apt to carry some of the general (old school) ideas of the treatment of disease into our mode of prescribing.

Let us, once we have satisfied our minds as to the diagnosis of a given case, devote all our thoughts to the medicine most applicable for its cure. To satisfy ourselves, though, that a certain drug is of no avail in one especial disease, can only be done by thoroughly testing it in all the different phases of this one malady. Again, statistics showing the comparative treatment—one with Mercury and the other without—will, I think, throw some light upon this important subject. Our failures and our successes must be noted with an impartial hand. It seems to me that we may alone, in this way, decide upon Mercury and its amalgams as efficacious in diphtheria. Until this be accomplished, we must rely upon our individual experience, and what good we may glean from the many brilliant cures (read of in our journals) with some potency of Mercury. If physicians would be as hasty to put in print some great failure in prescribing where the patient succumbed to the disease, or the unfortunate treatment pursued, I almost fancy that we would learn something from these mistakes, and not

have them stored in a book of prescriptions devoted to oblivion. What would we think of that sailor, who, in comparative safety sailing over the seas, strikes upon a rock or reef, endangering the safety and life of those on board. When he reaches his destination, does he think it wise to keep this danger a secret? Many vessels pass continually near this hidden obstacle, thus imperiling many lives. His discovery once made, it is noted on the chart, thus warning others of the danger they run, though they may often have passed over this route in safety, and have thought nothing could occur different from the previous trips. We should bear in mind, though, that the epidemic form of diphtheria may assume a more malignant type than the sporadic. If we *must* take this also into consideration, we may eventually find that our statistics have to be trimmed around in such a manner as to lose much of their value. In the preceding part of this paper I have tried to point out the great difference existing between diphtheria and the effects of Mercury upon the system. Diphtheria an acute, malignant, blood-poisoning, paralyzing malady.—Mercury, slow to act on the system, and, when given in appreciable doses, its local effect upon the alimentary tract is the one to rivet our attention first. It appears to me that the disease itself (diphtheria) and the diseased condition set up by Mercury, stand directly opposed to each other, differing as much as light from darkness.

If we meet in the glandular tissues, in the kidneys and in the changes of the blood, analagous points, we must acknowledge that two causes so entirely different can hardly produce similar pathological conditions. There are points where the two apparently meet only to separate the more widely afterwards. The statements made in this

paper are made from my short experience (in comparison with others present), and may admit of a larger latitude of thought. In closing, I must say, however, that I cannot think my ground untenable, even though cases have been repeatedly *heralded as cured* where Mercury was alone used. Where two drugs were administered simultaneously, we must refuse these cases as useless for comparison.

IS SMOKING HURTFUL?

TRANSLATED BY

WM. SCHERZER, M.D.,
New York City.

The fine aroma of a good cigar is, under some circumstances, a perfect cordial. Nervous exhaustion, due to long speaking, fasting or privation; want of sleep, mental excitement and disturbance of all kinds; all give rise to ailments that vanish when we smoke.

Ask the brave patriots who rallied around the German flag in the years 1870 and 1871 where they found relaxation after hours of almost superhuman exertion. In tobacco. This holds good from the prince to the private. Bismarck, himself, needed tobacco to quiet his overtaxed nerves; and when the wreaths of smoke were seen curling from his pipe men rightly argued that affairs went well. The history of war is rich in heroes of tobacco, who were at the same time heroes in the field. The short pipe of Blucher, "Field-Marshal Forwards," is historical; and who does not know of the habit of General Seydlitz of throwing his clay pipe in the air as the signal for the attack.

Nicotine is a comfort to the defeated and unhappy general. We saw the sorely afflicted majesty of Sedan, with

a segar in his mouth, as he started for Dongery, a prisoner of war.

In cases of amputation on the field we have seen brave soldiers pull on their pipes to lessen the pain when chloroform was not to be had.

We could quote numberless instances of the beneficent influence of this drug on young and old, rich and poor.

Tobacco also appeases hunger. Prof. Wendt says in his "Human Physiology" "Hunger can be stayed by filling the stomach with undigestible matter. Local anæsthetics such as opium, tobacco, alcohol, etc., seem to act in the same way."

He therefore concluded that hunger and thirst have their source in the nervous centre from which the nerves of sensation spring. Besides the medulla oblongata, there are also undefined parts of the cerebrum in which the sensations of hunger and thirst are felt.

These two qualities of tobacco, that of quieting the mind and that of appeasing hunger, are in themselves beneficial to mankind. But tobacco is as much a poison as are black tea, coffee, or quinine. Not only is there an acute quinine poisoning; not only do coffee, tea and alcoholic drinks produce deleterious and toxical effects, but tobacco also may produce like effects.

Generally, however, we have to do with the symptoms of slow and chronic tobacco poisoning and its complications.

Nicotinum Tobaccum belongs to the natural family of the Solanæ, and is a plant indigenous to America, but it now grows everywhere. Tobacco leaves, *folia nicotiana virginiana*, are officinal, that is, they are found in all apothecary shops. Schonemann, in his *materia medica*, classifies tobacco between *Datura Stramonium* and *Strychnos Nux Vomica*, from which the still more poisonous Strychnine is extracted.

This shows what severely poisonous effects tobacco can produce.

There are three kinds of tobacco, American, European and Asiatic ; the best kind grows in Virginia. The leaves, the root, the seeds and the stem of the plant contain a volatile alkaloid, called Nicotin, which Curcuma colors brown, which forms a salt with acids, is soluble in water, ether and alcohol, has a sharp, burning taste like tobacco smoke, and possesses a severe poisonous action. Besides this, we find in tobacco, as an essential ingredient, a solid, volatile oil, which Hemstedt calls "Nicotianin" and Gmelin calls "Tobacco Camphor," and an empyreumatic oil. Both these substances act like nicotin, and, even in small doses, have a poisonous effect.

Let us now consider the physiological relations of tobacco and its action on those who indulge in it. Its effects can be produced in two different ways : either by internal doses of the different preparations of it, such as the powder, decoction, extract or tincture ; or, as more frequently happens, by smoking cigars or the pipe.

We shall commence with the first as it is in our power to control it better.

Small quantities of tobacco, inwardly taken, produce in a healthy organization an increased secretion of urine. Fowler therefore used and recommended it for dropsy. Besides this diuretic effect, it causes a feeling of burning in the throat and heat in the stomach. It has sometimes, though seldom, a purgative effect. Smoking cigars may act like small doses, inwardly taken, and may very probably cause burning in the throat, heat in the stomach, pressure in the bladder, diarrhoea and all the above symptoms.

Large doses taken inwardly produce the following symptoms : aversion, vomiting, purging, nausea, weakness, debility, flabby muscles, trembling in

the extremities, slow and weak pulse, anguish, paleness, short breath, cold feeling of the skin, clammy and cold sweat, contraction of the pupils, blurred sight, numbness and lethargy. In extreme cases large doses produce convulsions, lethargy, paralysis and death, if no timely antidotes are administered.

Before passing to the toxical effects of smoking it would be well, for the sake of completeness, to mention the not uninteresting purely medical use of tobacco, just alluded to, when speaking of its physiological action. Besides the diuretic effect, we have also relied on the flabby state of the muscles as a symptom for administering tobacco, for general convulsions, especially cystic-cramps, trismus, tetanus, hydrophobia, epilepsy, convulsive asthma, whooping-cough, cramp-like incarcerated hernia and lead poisoning. We must not, however, suppose that the action is on the muscles alone. It is presumable that the primary action is on the nerves, and the secondary is on the muscles, caused by the excited state of the nerves that actuate the muscles.

The particular organs affected by tobacco and nicotine intoxication differ according to the susceptibility of different individuals, and so it is quite reasonable to suppose that to some the use of tobacco does no harm, while others cannot finish a single cigar without feeling the ill effects of it. In every case it is of the greatest importance to know that the ill effects need not make their speedy appearance, but develop after the lapse of some considerable time, and then it takes an experienced physician to make a correct diagnosis, because there may be nervous conditions of various kinds existing, which materially complicate the case.

The great danger of tobacco poisoning lies in its slow and insidious action on the system.

(Continued in February Number.)

THE
AMERICAN HOMŒOPATH.
*A Monthly Journal of Medical, Sur-
gical and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless indorsed in our editorials.

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EDITORIAL.

With this number we commence the Seventh Volume of the AMERICAN HOMŒOPATH, and the second year under its present management. We are sincerely grateful for the aid which our colleagues from every part of the country, have given us, by their contributions, which have been very instructive to our readers, as well as for the kind words and complimentary letters received from various sources during the past year. Both have cheered us on in the, by no means easy, task of editing a journal acceptable to our readers and one which is also intended to be an exponent of the principles of our school.

Our largely increased subscription list justifies us in the hope, that we have at least, to some extent, succeeded in our effort.

The continued success of the journal will naturally, to some extent, depend upon the continued assistance of our colleagues. We do not look to the great lights of our school exclusively for contributions wherewith to increase the knowledge useful to the general practitioner; every town and hamlet in which a Homœopath practices his profession contains some one, who, out of the storehouse filled by his practice and experience, can send us something useful to other members of the profession. Let not an excess of modesty prevent any one from bringing forth thoughts, facts, and experiences, which may prove an acceptable offering to many distant readers.

Our course in conducting the journal will continue the same as before.

The HOMŒOPATH is a strenuous defender of the principle which lies at the foundation of our school, viz. Similia Similibus Curantur, but it is not committed to any party on minor differences.

Questions of potencies, doses, and the expediency of administering palliatives, we consider as unsettled, and hold that until they are established, if they ever will be, that every physician who desires to fulfill his duty to God and man, is bound to use the remedies at his disposal in such a way as may appear to him the surest and quickest to produce the best results to his patients, and that his colleagues have no right to find fault with him for so doing. Homœopathy is as yet in its infancy, and drug-proving has not been sufficiently systematized and made perfectly reliable;

for symptoms are too often gathered and reported in a very loose manner and hence lead to frequent disappointments.

We shall therefore, always hold our columns open to all discussion on mooted points of practice, provided the writers confine themselves to arguments and facts, and are careful to abstain from all personalities, while we reserve to ourselves the right to close any discussion, when too long continued, or when it appears to us unprofitable to our readers.

We hope our former correspondents, as well as many new ones will favor us this year with their contributions, and all, particularly secretaries of societies, keep us, and through us, our readers, advised of anything new in the medical world, of which they may become cognizant.

VACCINATION; OR, NO VACCINATION?

The present, when there is no epidemic of small pox, when the minds of physicians as well as laymen are free from the influence of fear, prevailing when the fell destroyer is in our midst, or at our door; now is the best time to consider and discuss the question of vaccination, which is again disturbing the medical world in many parts of Europe, and has gained importance in various sections of this country.

The disciples of Jenner are unceasing in their laudations of the great discovery, which they claim has saved seventy-five per cent. of those exposed to variola, from falling victims to its attacks, and the result of which when vigorously and faithfully executed has stamped out the disease in every locality where it has obtained a foothold. The opponents to this theory, on the contrary assert that vaccination is a greater evil than the disease itself; that directly and indirectly it has destroyed more lives, undermined and contaminated more constitutions and poisoned more blood than any one disease has done for years. Each party has fortified its arguments by facts, brought forward from authorities and sources so thoroughly above suspicion, that we have no right to doubt their truthfulness.

Governments and public authorities, have been compelled by the pressure brought to bear by the medical profession, to issue edicts concerning the practice of vaccination. Thus England, part of Germany and Russia have compulsory vaccination laws, often vigorously resisted by the opponents to the practice; and in our own country, in many sections thereof, we deprive the unvaccinated children of the privilege of attending the public schools, and obtaining an education for which their parents have been taxed and for which they have paid.

The views of the authorities, at least in Europe, have also frequently changed on the subject, so that the practice of a few years ago is not that of to-day, e. g.: In 1806 a royal edict was

issued by the Prussian Government that not only the human race, but also the sheep, who were likewise suffering from a prevailing epidemic of small pox, should be vaccinated throughout the Kingdom. But what was the result of this edict? In Silesia, where the raising of merino sheep was a specialty, the farmers had to abandon vaccination after a few years, because the practice was found to cause a perpetual epidemic of small pox; the race of sheep degenerated, the wool became of an inferior quality, and the wealth of the people, which consisted of vast flocks of these valuable sheep, was thus threatened to be swept away. In 1875 the Government found it expedient strictly to *prohibit* the vaccinating of the sheep, without a special permit previously obtained for that purpose.

In many other European countries, as well as in this country, the opponents to vaccination assert that disease is constantly propagated by the vaccinating lancet, and cite numerous well-attested facts in proof; they further claim, that none of the so-called bovine virus is really similar to the virus for which Jenner claims that it gives comparative immunity from small pox; that, on the contrary, the virus is but very rarely found in the bovine race, and when found and propagated by vaccination changes its character, and when introduced into the human system, vitiates it, and makes it more susceptible to other diseases, while it at the same time introduces a scrofulous germ in the blood of the recipient, and thus degenerates the race.

It is therefore highly important to the welfare of all concerned, that this vital question should be thoroughly discussed; that it should be investigated by committees composed of unbiased physicians, or rather of an equal number of partisans for and against vaccination, in order that the profession at large, as well as the laity may be satisfied by unanswerable arguments and facts, whether Jenner has furnished the world with a harmless prophylactic against the dread disease, variola, or whether the preventive is worse than the disease, by being often itself an instrument of death, and always a cause of slowly but surely undermining the health and system of its victims. We trust and hope that the subject will be ventilated by others, until it shall have been proven beyond cavil, whether it is right and safe, or wrong and dangerous, to vaccinate the rising generation.

REVIEWS AND NOTICES OF BOOKS.

PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., with Illustrations.

This is the fifth volume of the Science Primers, edited by Professors Huxley, Roscoe, and Balfour Stewart. Published by D. Appleton & Co., New York.

It treats of Physiology in a charming, familiar style, very attractive to the beginner of that branch of medical science. It presupposes its readers unfamiliar with anatomy, and gradually introduces them to an insight into the mysterious workings of the interior machinery of the human system. The

instruction which it conveys is couched in the simplest language, devoid of all technical terms, and therefore well adapted to its purpose, an introduction to more elaborate works on physiology.

We recommend it to the attention of all teachers whose duty it is to instruct beginners in this, one of the most interesting branches of a general education. The illustrations are well defined or clear outlines of their subjects.

FIRST LINES OF THERAPEUTICS. By Alexander Harvey, M.A., M.D. D. Appleton & Co., N. Y.

A few lines of comment will hardly do justice to the author of this book. He does not treat Therapeutics according to the orthodox method of the old school, neither does he recognize the Therapeutics of any other established school, but emphatically disclaims being a nihilist. The book is full of novel truths and many glaring errors. We will therefore review it in full in a future number of the Journal. In order to give our readers some idea of its character, we quote what Sir Thomas Watson, author of *The Principles and Practices of Physic*, said of it in a letter to the author:

"You have thoroughly thrashed out the great theme which you proposed to discuss. It is certain that a sound system of Therapeutics must rest on a consideration of what Nature in many cases, is capable, and in some fewer cases, is incapable of doing in disease; and on the other hand of what art may do in helping or hindering Nature. All this I say you have most fully explained, and I feel sure that the student of your volume cannot fail to have his mind cleared up and settled on these most important subjects. I see nothing in it which I could wish were otherwise. I am entirely in accord with you as to the *Vis Medicatrix Naturæ*, which

some of the present day deny and denounce."

THE MEDICAL AND SURGICAL TREATMENT OF DISEASES OF WOMEN, especially those causing sterility; the disorders and accidents of pregnancy and painful and difficult labor. Second Edition enlarged, with 55 Illustrations. By Edwin M. Hale, M.D. Boericke & Tafel.

The second edition of this valuable work was called for by a demand which is by no means astonishing.

No one in our school, so far as we know, is more capable than Professor Hale, to treat the subject of this book with greater ability. Every new edition will not only be a proof of the appreciation bestowed upon the professor's labor, but will also be a benefit to the readers, for it will contain, as this one does, additional information, the results of the author's experience and study. The publishers deserve our thanks for the handsome style in which they have brought out the volume.

THE HOMŒOPATHIC THERAPEUTICS OF INTERMITTENT FEVER. By H. C. Allen, M.D. M.C.P.S., Ont. Drake's Homœopathic Pharmacy, Detroit, Mich.

Prof. Allen deserves the thanks of the profession for this volume. As a true Homœopath, he has grappled with the task of showing that intermittent fever can *always* be cured, provided it is treated rigidly homœopathically, and with purely homœopathic remedies.

We cannot help admiring how thoroughly he has combined provings with clinical demonstrations. No physician who has had a glimpse of the book will do without it. We would be derelict in our duty to our readers, if we did not urge them to buy it.

The publishers deserve credit for the neat form in which it is got up.

THE GROUNDS OF A HOMŒOPATH'S FAITH. Three Lectures. By Samuel A. Jones, M.D. Boericke & Tafel, New York.

After reading the Three Lectures, we closed the little volume with feelings of thankfulness, that in that disturbed region of the West, where so many pseudo philosophers and would-be scientific luminaries seek to kick at the doctrines of a school through which they had attained their prominence, there are some yet left who fearlessly stand up for the truth as delivered to them by the fathers, and are ready to confess it. It is true the lectures contain nothing which every true homœopath has not often verbally asserted, but it is one thing to speak it and another to put it systematically on paper. We are not personally acquainted with the author, but say sincerely, God bless him for this service he has done to the good cause. We hope every student will, before he leaves his Alma Mater, read these lectures and con them well.

HANDBUCH DER HOMŒOPATISCHEN ARZNEIWIRKUNGSLEHRE NACH DEN VORHANDENEN QUELLEN BEARBEITET (A Manual of Homœopathic Therapeutics, prepared in accordance with hitherto ascertained results); by Dr. Med. Carl Heinigke, practicing physician at Leipsic. Published by Dr. William Schwabe, Leipzic, 1879.

We welcome this timely publication as a valuable addition to the works on Materia Medica in our school.

The author gives us only reliable information on two hundred and fifteen of the most judiciously selected remedies, which, in themselves, cover the treatment of nearly every disease that occurs in the ordinary practice of most physicians. His treatment of these agents is admirable, and differs from that of many other writers. After giv-

ing the name of the remedy, he mentions the active principle, the manner of preparing the drug, the duration of its action, and finally, its antidote. We are, after that, informed of its symptomatology, both general and as it relates to each individual organ, as well as to its effect upon the mental condition of the individual.

Untrammelled by the bluster of would-be scientists, he,—with the simplicity of the founder of our school, who, after having fully satisfied himself as to the correctness of our law of cure, relied upon facts to demonstrate it, and smiled with disdain at the hair-splitting arguments of his opponents,—shows the curative powers of each drug in its appropriate sphere of action, and in the attenuations peculiar to each. No one can study the volume, even if an old practitioner, without feeling that it has furnished him, if not with new means, at least with a better understanding how to handle these weapons for the successful combat with disease.

We hope, for the benefit of the profession at large in this country, that it will be very soon translated into English, and thus become accessible to all our readers.

THE LAWS OF THERAPEUTICS; OR, THE SCIENCE AND ART OF MEDICINE. By Joseph Kidd, M.D. Lindsay & Blakiston, Philadelphia.

The author does not give us any decided law of Therapeutics, as the true law by which the practitioner of medicine ought to be guided. He seems rather bewildered by the numerous propositions advanced for the establishing of a law. He gives us, however, a history of the various medical doctrines promulgated by different individuals at different times, and has collected a great deal of material, valuable for reference, which may become very useful

to future writers on the subject. We have no doubt, however, judging from the unbiased spirit in which the book is written, that he will eventually bring up, under the true law of cure, *Similia Similibus Curantur*. The book contains interesting reading, and is for sale in this city by E. R. Pelton, 25 Bond Street, where all Lindsay & Blakiston's publications may be found.

THE HOMŒOPATHIC LAW OF SIMILARITY.

An open letter to Professor Justus, Baron von Liebig. By Dr. von Grauvogel. Translated from the German by George E. Shipman, M.D. Foundling Home Print, Chicago.

A thorough demonstration of our law of cure, made by a skillful hand. Von Grauvogel was an earnest thinker, a fearless seeker after truth, and uncompromising in its defense when he had found it. The open letter, addressed to one of the ablest opponents of our school, is well worth reading and pondering over. Dr. Shipman has made an excellent translation from the original.

THE INCOMPATIBLE REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA.

By Chas. Mohr, M.D. Boericke & Tafel.

This paper is full of valuable hints concerning the impropriety of giving antagonistic remedies in rapid succession. This incompatibility will often account for the want of success attending remedies otherwise homœopathically indicated.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES.

By George M. Fox, A.M., M.D. Parts 3d and 4th. E. B. Treat, 805 Broadway, New York.

We have already, in a previous number of our journal, expressed our opin-

ion about this valuable publication. We need only say that parts third and fourth are not only equal, but if possible, superior to part first. The photographs illustrate Fibroma Pendulum, Varicella Zoster Pectoralis and Lumbalis, Eczema Universale, Leucoderma Chromophytosis, Favus Capitis, Favus Corporis and Eczema Cruris, all lifelike pictures.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY.

By Robert Faulkner, M.D. Second Edition. Boericke & Tafel, New York.

The publishers have succeeded in preparing one of the most convenient Visiting Lists for the use of the profession. It is neither too large nor too small; contains all the physician wants in a book of that kind, does not encumber the pocket, and closes neatly without clasp or band. It is a luxury.

OUTLINES OF PRACTICE.

By Samuel Fenwick M.D. Lindsay & Blakiston, Philadelphia, 1880.

An excellent work from the standpoint of the author. The work is especially valuable for the admirable rules which he lays down for a correct prognosis and diagnosis. The very lucid description of medical appliances, with excellent illustrations, so frequently necessary in the treatment of patients, will be very acceptable to many young practitioners. The formulæ for prescriptions which are given in the last chapter, must be a great help to allopathic physicians, who have recently commenced the practice of medicine, and will show the Homœopaths who read them how allopaths treat and prescribe.

CORRESPONDENCE.

EDITOR HOMŒOPATH :

An article in the November number on malarial fever suggests one or two points upon which I desire more light.

1. As to the nature of malaria. We have many and conflicting theories, all of which are pronounced in positive terms correct, while other few have learned to acknowledge their ignorance.
2. Does a malarial fever ever change, so as to present the intestinal lesions characteristic of typhoid fever? and further, do we ever have typhoid fever in malarial sections.

There seems to be little difficulty in diagnosing a simple intermittent, or even a remittent, but a continued fever, especially if it assumes a low grade, is without hesitation called "typhoid fever," and the more crude the medication, the more fashionable the name. This, if not a perplexing subject in theory, is certainly such in practice, since no one is exempted from the malarial poison who comes within reach of its influence, and it certainly enters as a factor into all the varied diseases incident to the localities where it prevails, its extent being measured by its intensity and the repelling power of the individual affected by it.

M. H. WATERS, M.D.

La Fayette, Ind., Nov., 1879.

DEAR DOCTOR :—I had not examined the supplement to the Encyclopedia in regard to the subject when I wrote the article on *Asimina triloba*. We find there a rash developed somewhat similar to that in the case which came under my observation.

If you publish my article, you might perhaps make a foot note to it from this. Most respectfully,

W. P. ARMSTRONG, M.D.

The article was published in the December number, before this note was received.—E.D.

EDITOR AMERICAN HOMŒOPATH:—

There is a good opening in the South for Homœopathic Physicians. At Yazoo City, Miss.; for particulars address, J. W. Champlain, Esq., of that place. Baton Rouge, La.; address, Prof. Magruder. These are two good locations for plucky young men who are not afraid of Yellow Jack. Please give this space in your Journal, and oblige,

Yours, very respectfully.

BOERICKE & TAFEL.

New Orleans, La.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and 23d Street.—Report for the month ending November 30, 1879: Number of prescriptions, 3,272; number of new patients, 360; number of patients resident in the hospital, 44; average daily attendance, 142; largest daily attendance, 200.

J. H. BUFFUM, M.D., *Resident Surgeon.*

PUBLISHERS' DEPARTMENT.

REMOVAL.—A. P. Bowman, M.D., has moved from Kansas City, Mo., to Keokuk, Iowa.

ERRATA.—Dec. No., page 321, R. column, seventh line from bottom, read *clonic*, and everywhere else in this article read *full* for new-moon.

—Dr. F. F. de Derky, M.D., has taken charge of Dr. F. A. Hiller's practice in San Francisco during the latter's absence in Europe.

We are in receipt of a valuable communication detailing the very satisfactory use of Acid Phosphate (Prof. Horsford's) in several cases of nervousness. One instance in particular of an elderly lady, unable to sleep for hours after retiring, was relieved, though other remedies had failed.

THE
AMERICAN
HOMŒOPATH,

A MONTHLY JOURNAL OF MEDICAL, SURGICAL
AND SANITARY SCIENCE.

Vol. VI.—FEBRUARY, 1880.—No. 2.

SCARLET FEVER AND DIPHThERIA.

BY
TH. MEURER, M.D.
New Albany, Ind.

The present prevalence of this treacherous disease in our usually very healthy city has many points of interest. First, during thirty years we had the miliary scarlatina only; the first case of Scarlatina Sydenhami occurred here three years ago, but the case was isolated. This year the majority of the mild cases were of the smooth Sydenham kind, the severe ones of the miliary sort. The symptoms of the latter were very sore throat, diphtheritic exudations. Parotitis or tonsillitis prevailed; were of the miliary kind. Another remarkable point was the reconvalescence. In the patients with the smooth eruption the skin commenced to peel the fourth or fifth days, the others in ten to fifteen days after the first on-

slaught. Our regulars had another opportunity to show their skill and success. Dr. L., lost three children out of five; Dr. N., lost three children out of six in one family; the other Allopaths lost their patients in proportion.

How stands Homœopathy in comparison? My name stands charged with the burial permit for one child of 2 years. Was first called four and a half hours before death and to a family where dirt was as abundant as in a camp of Digger Indians. The treatment of course depended on the case. When the irruption was tardy in coming out and the temperature of the blood very high, I bathed my patient in a bath of 100°F. and had the temperature gradually lowered to 90° by pouring in cold water. *When the temperature of the blood is left to remain two or three hours, 104° to 105°, spasms will set in in spite of all medication.* When the patient remained fifteen or twenty

minutes in his bath he was taken out, wrapped up in a blanket (well aired) and placed in bed. *Never take the child out of the bath till the temperature under the axilla is anyhow one and a half to two degrees less than it was before.* Naturally the proper medicine must be given at the same time.

I will now describe a case of scarlatina with septic diphtheria, the malignity of which exceeded anything I have ever met with in my practice, which perfectly recovered. The two-year old boy of Mr. Will. K. took the scarlet fever; the case ran its usual course until the period of desquamation, when all at once, in spite of the greatest cleanliness and good nursing, diphtheria set in. The exudation covered the whole buccal cavity, not one spot looked like the other, the smell in the sickroom in spite of the most scrupulous cleanliness was terrible, foetid matter ran out of both nostrils and the mouth, swallowing was only possible drop by drop, skin dry, pulse small, 140° to 150°, the poor little sufferer tossed from side to side. Sherry wine and water, and milk and water were the nourishments given drop by drop; internally as medicine a teaspoonful of Arsenicum 15, every half hour. Hydrarg. cyanatum proved useless.

The next day the stench was nearly gone, the diphtheritic flakes got detached. Twice during each day the child was given a bath of 90° F., lasting for fifteen minutes. After I succeeded in relieving the diphtheria the child was afflicted with a horrible swelling of the parotic and submaxillary glands, it looked as if a large bologna sausage had been tied around the neck. One bath a day and Hydrarg. flavum 15, a tea-spoonful every 2 hours was given. Had to lance both sides and put on bread and milk poultice. Now the child is well. What I desire to remark here,

is the evil practice of giving the medicine in water and letting the tumbler stand by the bedside. When I give medicine in water the tumbler must be covered and put outside the sick-room. Water is a very great absorber. Another hint I will throw out to some young practitioners, namely: the spray with *Sulphuric Ether* in the mouth, is very desirable; it cools and eases the sufferer, and a little spray in the room is also very good. My good success in other cases of triplex mean diphtheria, has prevented my using that wonderful remedy, *Lac Caninum*.

CASES OF PAROTITIS.

BY

C. H. VIEHE, M D.,

Freelandville, Ind.

1. June 13th, 1877.—Miss Dr., lady of about 18 years old, had parotitis for about three weeks. Had for that time been under Allopathic medical aid, without any benefit. Came from V., 19 miles, to consult me. Face, especially left side and lips, very much swollen, and with much pain. Gave Merc. Sol., 4 x, 12 powders, one to be taken every three hours, and recommended a hot poultice of Elder flowers, moistened with good vinegar; requested her to call again soon, if not relieved; did not call again, because got well in a few days.

2. July 4th, 1877.—Mrs. R., lady of about 32 years. Very much swelling of face, right side; so much so, that right eye was nearly closed from the swelling. Had much pain and toothache with it; had been suffering for about a week, and instead of getting better, grew worse. Gave Merc. Sol., 3 x, with Aconite and Belladonna to

allay the fever, and recommended the above poultice. Recovery in a few days.

3. September 19th, 1879.—Lady of 16 years old, had very much swelling of left side of face; tried different things without any avail. Face quite distorted. Gave Merc. Sol., 3 x; recommended the same poultice. Next day matter was discharged inside the mouth, and recovery was completed in a few days.

Of the Merc. Sol. I give generally the 3d x, not the 2d x, as was stated in the November number of this paper.

A CASE FROM PRACTICE.

BY

A. B. RICE, M.D.,

Panama, N. Y.

On the 7th of December, ult., at about 3 o'clock P.M., a female child was delivered by the help of forceps. The child was well formed and weighed nine pounds. The parents were healthy, the mother a primipara, and had been exceptionally healthy during gestation.

The labor was tedious, and for the last four hours of it the head (presentation left occipito anterior) was low down in the pelvis, and, notwithstanding very strong expulsive "pains," there was no advancement. Fearing the results of long continued pressure, both for the safety of the child and the soft parts of the mother, the forceps were used, and the labor easily and quickly terminated. No bruises were visible upon the child's head, but upon the lower part of the lobe of the left ear was a slight ecchymosed spot. The left side of the face was paralyzed, probably

from pressure upon the facial nerve, as it emerges from the auditory canal. The child, at first rather feeble, soon rallied, and took the breast, and for 36 hours all went well; at this time, however, a sharp hemorrhage from the bowels (which had moved naturally two or three times) came on. The discharges were dark, thick, grumous blood, and large in amount. The child also vomited occasionally, apparently a little of the same substance, only not so thick and grumous. Six or eight discharges followed, and the case terminated in death in about 50 hours from the time of birth.

I have never seen or read of a similar case. What was the cause of the hemorrhage?

Can it be that injury was done by the forceps, sufficient to cause it?

Would derangement of the circulatory apparatus, produced by the sudden stoppage of the circulation through the placenta, be regarded as a sufficient cause?

Will not some of the readers of this journal give us their experience in similar cases?

A "post-mortem" was not allowed in this case.

DIFFICULT CATHETERISM.

BY

C. P. HART, M.D.,

Wyoming, O.

I read Dr. Ehme's paper in the August number of the *HOMŒOPATH*, on catheterism in difficult cases, with no little interest, and can bear testimony to the general correctness of his statements, having practiced the same method successfully in many difficult

cases, for more than a quarter of a century. One would infer, however, from reading the doctor's article, that all the practitioner had to do in cases of this kind was to make the attempt with the patient in the upright position, and the difficulty would be at once overcome. This, however, is often very far from being the case, as is sufficiently evident from the opinions of the distinguished surgeons referred to by the doctor; for it is not to be supposed that any of them were ignorant of this method of introducing the catheter, and of its advantages in many cases over the recumbent position.

Perhaps I can best illustrate the subject by giving a case from my practice, which occurred many years ago. One very cold night in December, 1854, Dr. M. aroused me about midnight to perform the operation upon an old man who had been drinking freely the day previous, and who had been exposed to the cold until he was thoroughly chilled. The doctor had worked with the patient during the whole forepart of the night, in fruitless attempts to pass the catheter, having tried every position and all sorts of catheters without success. Upon examining the patient I found some enlargement of the prostate, and was therefore inclined to refer the doctor's failure to that cause; but upon attempting to pass the prostatic catheter I met with no better success than he had had. I then tried metallic catheters of different radii, common flexible catheters, and even the vertebrated catheter, but all with the same negative result. The bladder was so enormously distended, and the patient was in such great distress, that I debated in my mind the propriety of *forcing* a passage through the prostate, but finally concluded to try the effect of an opiate. Accordingly, I gave the patient two grains of Opium, and ordered him to lie on a pallet before a large open fire

for an hour. At the expiration of that time the patient was placed in a semi-erect position, and an ordinary metallic catheter, of about $5\frac{1}{2}$ inches curvature, introduced without any difficulty whatever. I have since repeatedly made use of this method successfully in difficult cases, but without giving such heroic doses of the opiate, one-half grain being sufficient in most cases.

REMARKS ON HELLEBORUS NIGER.

BY

THOS. S. SCALES, M.D.,

Woburn, Mass.

In my vicinity this is, in my opinion, rather a neglected remedy. Yet I think it is one of the most valuable articles of the Homœopathic Materia Medica.

Omitting its botany, and the history of its use by the Allopathic school, I will in a few words tell what I know of its Homœopathic indications.

As a remedial agent it chiefly affects the serous membranes, in their functional office of separating the effete matter from the serum. And paralysis of this functional power of the serous membranes produces dropsy of the brain, thorax, peritoneal cavity, etc. In addition to its effects upon the serous membranes, it also affects the mucous membranes of the digestive and urinary organs; perhaps, by its impression upon the spinal cord, depriving of their proper innervation the digestive organs, liver, kidneys and other glands, and thereby suspending their functions.

The symptoms are mostly passive—passive congestions, passive headaches, etc., and we get the following characteristic indications:

The head tips backwards, giving prominence to the chin. The patient is easily angered; the face is pale and puffy, with a vacant, staring look; the eyes roll around, and, in advanced cases, roll up in their sockets; the mouth is open, or not well-shut, and the tongue rolls from side to side. The patient is slow of comprehension, has occasional sighing, and pays but little attention to anything within sight or hearing. At times there is a quiet, silent, sad look, and, even when not asleep, the eyes are shut, or partly open and rolled up. The pupils are generally dilated, but there is no conjunctival injection, as in a *Belladonna* case. When not thought to be sick, the *Hellebore* patient often has an idea which he loses as he attempts to express it. He starts to speak, and forgets what he was going to say. He has imperfect co-operation of muscular action, and hits the doors or casings as he goes through. He easily loses his balance, and tips over. He drops things from his hand, when his attention is attracted elsewhere.

But, when the affection of the brain is severe, there is stupor, or heavy sleep, or, rather, a lethargic condition, with outcries and startings, which are suggestive of spasms. And, if there are spasms, they usually begin and end in sleep (to bring him out of the spasms, pour a stream of cold water down his back). The forehead is drawn in wrinkles and has a cold sweat, which is often viscid (suggestive of *Apis*). The legs are also sweaty. At a still later stage, there is rolling of the head, which is bored back into the pillow or upon the arm of the nurse; the hands are cold, with a paralytic condition, or an automatic motion of one arm and one leg (usually the right arm and left leg). The pulse is almost imperceptible.

The *Hellebore* patient is averse to motion, and, without any rigidity of

the body, instinctively resists any movement of the body, as if he had a stiff neck, and were on the alert to prevent being hurt.

When, during dentition, the *Hellebore* patient has so-called "summer complaint," the disease is protracted, or frequently recurring, and is dangerous. The diarrhetic stools are of white jelly-like mucus, with tenesmus, and gurgling in the abdomen, which is peculiarly cold. But these jelly-like stools are often interspersed with offensive watery stools, of a pale brownish or yellowish color. There is occasional dark green, sour-smelling vomiting. The patient is worse in the evening, and feels a little better in the open air, which relieves the nausea.

In the progress of this disease, there are sore mouth, salivation, much rubbing of the nose, hunger, with rejection of food when offered, and other symptoms of weakness and sympathetic irritation of the digestive apparatus. The urine is scanty, and generally passed in small quantities; often like coffee grounds.

And, finally, in its action upon the glands, *Hellebore* has many symptoms akin to *Phytolacca*. But, in the *Phytolacca* condition, the glands are indurated, and, consequently, their functions suspended; while the *Hellebore* glands appear to be inoperative by reason of deficient innervation, or paralysis.

**PROCEEDINGS OF THE CENTRAL
NEW YORK HOMŒOPATHIC MEDICAL
SOCIETY, DECEMBER 18th, A.
D. 1879, AT SYRACUSE.**

The committee on Necrology presented a paper, which was approved, and is as follows:

Since death has taken away our friend

and long time faithful Secretary, HARRISON V. MILLER, M.D., it is proper that this Society, while it realizes and respects his often expressed aversion to the usual formalities of commemorating the dead, should put on record its appreciation of his character and services. Therefore,

Resolved, That HARRISON V. MILLER, as our Secretary for the last ten years, has been the life of this Society, and has done more to extend its influence and promote its usefulness than any other member.

Resolved, That as a man, he commanded our respect for his integrity and unflinching obedience to his own convictions; as a student, for his diligence, fidelity and exactitude; as a physician, for his sympathetic kindness, faithful and cheering attentions and close prescriptions; and, as a member of the Society, for his uniform urbanity and his enthusiastic disposition to work for all that could extend its influence or advance the Science of Medicine.

Resolved, That to commemorate our respect for him, this tribute to his character shall be put on our minutes and published in the Journals of the day.

Resolved, That we tenderly sympathize with the family in their loss, and give expression to such sympathy by sending them a copy of this memorial.

The paper was adopted by a rising vote, a large number of physicians being present.

The same committee presented another paper, which was accepted and adopted, and is as follows:

Since death has taken away our friend and esteemed co-laborer, a pioneer of Homœopathy in Oneida County, E. A. MUNGER, M.D., of Waterville, we would add our word of appreciation of his character and worth. Therefore,

Resolved, That in his death we have lost one of our most honored and hon-

orable members, and Homœopathy one of its earliest followers and truest advocates—one who always commanded the respect and regard of his professional brethren, and of his townsmen and neighbors.

Resolved, That this tribute to his memory shall be entered on our records, and a copy furnished to the daily press.

Resolved, That we tender to his family and his friends our sincere sympathy for them in their bereavement.

The President, Dr. Boyce, announced that the subject for discussion at this meeting is, The Organon, paragraphs 72—103.

Dr. Jennings read a paper on Acute and Chronic Diseases, this subject having been assigned to him at the last meeting. The thanks of the Society were given, and a copy of said paper was requested for publication, in pamphlet form, under the auspices of the Society, as representing the opinions of this Society upon the subject of the paper. Drs. Hawley, Stow and Jennings were appointed a committee to procure the publication of said paper.

Discussion followed.

Dr. Stow: Am as firm a believer in Homœopathy to-day as ever, and more so. Behind all chronic diseases, not produced by tangible causes, there are dynamic causes; and, to treat successfully, we must confine ourselves to the Homœopathic Law. Vaccination has much to do with the psora-theory. Doubt whether more injury has not been done by vaccination than good. Vaccination frequently sets up a condition of things in the patient most unfavorable. At one time, in many of my cases, vaccination was followed by phlegmon. The virus was taken from a perfectly healthy child. The child was vaccinated with virus taken from a cow. Vaccination gives rise to Eczema. In the late war, a prevalent Eczema was

traceable to vaccination with humanized virus, the custom being to use such in the army, and vaccination being enforced. As to the Itch, lotions may be safely used to exterminate the Acarus, provided internal medication is followed up. Generally, topical applications in diseases of the skin are hurtful.

Dr. Seward : Every case must be examined as to its symptoms, and the remedy selected accordingly, without reference to any theory of psora.

Dr. Hawley : In both acute and chronic diseases, the more entirely I trust myself to Hahnemann's law of cure the more successful I am. The psora-theory is a theory. If it accounts for all the facts, it is a good theory; but, theory will not help us. We must depend upon the law of similars. Get the characteristics of a case, and the characteristics of the drug covering the case, and give the minimum dose, and you will cure.

Dr. Boyce : Hahnemann states, in his work on chronic diseases, that the dose should not be repeated until the effect of the dose already given has been expended. Hahnemann went even farther than this. He taught that, in chronic diseases, the same medicine should not be repeated. The dose given has eliminated some of the symptoms. Study the case anew, select a remedy, and you will remove another set of symptoms; and thus you will remove the symptoms of the disease in sections. Have gentlemen present followed this plan? Of late years I have tried this plan, and it has wiped out diseases I never could touch before. In some chronic cases, I have given three or four doses only in a year, and with good results.

Dr. Seward : Repetition of doses in chronic cases which were severe have been successful. In some cases of Dropsy, after using Arsenicum 30 and lower without effect, I have given the

200th and improvement began immediately. A case of Ovarian Dropsy, badly mercurialized, was cured by Arsenicum 41M., in solution, repeated several times a day. A case of Ascites, badly mercurialized, received no benefit from Arsenicum 200. Arsenicum 41M. was given, and it relieved for a year. Then Apis 40M. was exhibited, and the patient recovered fully. In acute, or chronic disease, if one dose is followed by relief, it is best to wait.

Dr. Wallace : Had, a few years ago, a case of inveterate Constipation. The affection had existed from childhood. It was a Bryonia case, and Bryonia low and high had been given without relief. Gave her Bryonia 1 millionth, one dose. Relief was prompt, and the constipation has not returned.

Dr. Brewster : Had a case of violent spasmodic croup; one dose of Aconite 200 cured it.

Dr. Bigelow : My experience with high potencies and single remedies agrees with what has been said.

Dr. Boyce : Had a singular case of Constipation in the year 1865. A lady. For years no evacuation without inducing it by cathartics or enemas; and then only by all the power she could summon in the expulsive effort, with despair of succeeding. Gave Alumina 200, without result. Alumina 23M., one dose; cured. There has been no return of the trouble.

Dr. Stow : Alumina has disposition, when at stool, to grasp the seat tightly; perspiration breaks out; the patient almost despairs of effecting a movement.

Dr. Boyce : A characteristic of Sarsaparilla is pain in the neck of the bladder at close of urination, a chill starting from that point and running up the back. A few powders of the 200th cured a patient having these symptoms.

Dr. Hawley : A young lady is in my

care, with these symptoms. She has not had for many years, an evacuation of the bowels without the help of enema or cathartic. Has always suffered from Dysmenorrhœa. Five years ago had a fall, sitting heavily upon the fundament. Confined to the house for the last three years. Has never a desire for stool. When the rectum is filled she is made aware of it by a violent burning down the back, with chills running down the legs, the thighs being covered with goose-flesh. At stool, is compelled to dig away the fæces with her fingers. The excrement comes away in scybala, of the size of chestnuts; sometimes, these are covered with slime. What is the remedy?

Dr. Stow : Opium ought to relieve.

Dr. Boyce suggested Plumbum.

Some one asked if the anamnesis does not point to Arnica?

Dr. Hawley : Have given Arnica, high. There was a constant burning in the back. Arnica has relieved this. No burning now, save when the rectum is full.

Dr. Seward : Case of a young man, sick with typhoid fever. One morning, before I could see him, he ate some toast. He knew little after that for three weeks; but he would pick out balls from the rectum, and throw them upon the floor. They were so hard that people below stairs thought that stones were falling on the floor. Plumbum relieved this condition.

Dr. Hussey : Have never departed from the law of similars without having occasion to regret it. Have had the best success when using the single remedy, and high attenuation. Repeat the dose in acute cases, but not so frequently as in former days. In chronic diseases, have the most marked results where there is no repetition while the previous dose is acting. Have frequently cured obstinate Constipation by one or two doses of a carefully chosen remedy.

Dr. Boyce : Those who are beginning practice to-day cannot realize how difficult it was, when I began to practice Homœopathy twenty-five years ago, to get hold of the idea of the treatment of chronic diseases; how difficult it was to understand that a medicine must be left to exhaust its action before repeating the dose, or giving another medicine. Dr. Hering (the most remarkable man I ever met) gave me valuable instruction in long conferences at his office. He was indebted to Carroll Dunham also for patient instructions in private.

Dr. Brewster : Was called, a week ago, to an old lady. She has Sciatica in left hip. In the last few weeks an enormous swelling of the legs has come on. Both legs have a feeling of great heaviness. There is paroxysmal burning of the flesh. She is constantly moving her feet, in alternation. She cannot bear the least weight on her feet. She cannot lie down to sleep, on account of the pain in the hip. There is slight discoloration of the skin. No trouble in the chest. She says she is perfectly well otherwise.

Dr. Jennings : Arsenicum ought to help.

Dr. Brewster : She complains of a sensation as if sitting upon something hard, or upon some wrinkle in the clothing.

Dr. Boyce : Arnica is your remedy. That last symptom is characteristic of Arnica, and that symptom must be met.

Dr. Hawley : Let us go back to our subject. It is said that a contagion is instantaneous in its action; the whole system is pervaded by it. Its expression upon the surface should not be interfered with. e.g., the chancre is an outlet to the syphilitic poison. It should be left, rather than treat it with repressive measures. In Variola, the symptoms of the skin form the goal which

Nature reaches in trying to eliminate the miasm with which the system has been impregnated.

Dr. Benson : Hahnemann's view of psora is interesting and important, but our business in practice is with the law of similars. My experience favors high potencies. My own child was sick last summer with Cholera Infantum and was nigh unto death. She was saved by Psorinum 42M., after other remedies had failed to reach the case.

Dr. Gwynn : I believe in high potencies, and the single remedy.

On motion it was directed that The Organon be proceeded with from part 104 at the next meeting.

Adjourned to the third Thursday in March next.

Attest, C. P. JENNINGS,
Secretary.

TREATMENT OF MISCARRIAGE.

BY

DRS. SHERMAN, WALDO AND BLUMENTHAL

MR. EDITOR: In my article on the treatment of miscarriage, in the November number of your journal, I should have limited the time for the use of the tampon to the end of the fifth month. After the fifth month, would dilate and deliver as in placenta previa. Up to the end of the fifth month it would be utterly impossible for the uterus to contain blood enough, in addition to its contents, to produce serious results. This opinion is verified by a somewhat extensive observation in my own practice, as well as that of many other physicians whom I have consulted. It is also sustained by our best authors.

Very Respectfully,

J. H. SHERMAN,
Boston, Mass.

DEAR DOCTOR BLUMENTHAL:—After reading the article on the above topic,

by Dr. J. H. Sherman, in the November issue of the AMERICAN HOMŒOPATH, I was considerably startled in reading the "*note*" appended by yourself. When a physician of reputation gives, in print, his opinions on the treatment of any disease, he should remember that human life may be staked on those opinions, and that death or years of suffering may be the direct result of following them, if they are wrong. I think the standard text-books are sadly (shall I say criminally?) deficient in the directions they give for the treatment of miscarriage. I agree with Dr. Sherman that nothing can be more appalling to the young practitioner than a case of miscarriage with profuse hemorrhage. I have known of *young* practitioners who, after enforcing the recumbent position for days, and carefully studying the case for drug indications, and exhibiting Ac., Ip., Puls., Chin., Ergot., Caul., Tril., etc., have been somewhat *disgusted* at the continued recurrence, at frequent intervals, of *profuse* hemorrhage.

These remedies are all that is required in some cases, and in the hands of some physicians may answer for every case, but in the *experience* of your correspondent, they have generally failed.

It is the experience of every practitioner that *comparatively few* women die, as the direct result of hemorrhage consequent upon a miscarriage; therefore, the fact that the patient lives and eventually recovers is no evidence that the treatment is satisfactory. The *immediate* danger, in a case of miscarriage, is from excessive loss of blood, and it is the duty of the physician to prevent this loss as far as possible. Every ounce of blood lost involves just so many more days of weakness, increases the general anæmia, and exposes the patient to the risk of all those diseases which are specially likely to attack anæmic and debilitated subjects.

After the fourth month, a miscarriage may generally be treated like a labor at term, and the subsequent hemorrhage like post-partum hemorrhage, and certainly here a tampon would be very dangerous, after the fœtus was delivered. But I believe the danger from *internal hemorrhage, after the fourth month*, is due to the increased size of the womb, which is left empty after the escape of the fœtus and amniotic fluid. If, by the application of the tampon, this enlarged uterine cavity should be allowed to fill with blood, the drain upon the system, in an already depleted subject, might prove fatal; therefore, the true way to arrest hemorrhage in these cases is to empty the womb and produce contraction, thereby closing the ends of the bleeding vessels.

But it is not these cases which occur in the later months of pregnancy that generally prove embarrassing to the physician; it is those occurring between the sixth and eighteenth weeks of pregnancy, and I think it was to these latter cases that Dr. Sherman referred in his article.

The two great dangers in these cases are *hemorrhage* and *septicæmia*, and both of these are due to the retained "after-birth," therefore the indications are, first, to prevent hemorrhage till the "after-birth" is expelled, and, secondly, to secure its expulsion as soon as possible. To bring about these results, I agree with Dr. Sherman that the tampon is, in most cases, preferable to all other remedies. I do not believe there is any danger of serious results from internal hemorrhage; how can there be when the entire uterine cavity would not hold to exceed a half pint? Did you ever know of a case of serious internal hemorrhage following the use of a tampon in the first four months of pregnancy? Experience proves that a tampon, applied tightly against the cervix and properly secured, at once arrests the hemorrhage, produces uterine

contractions and dilates the os, and when it is removed, the after-birth is ready to follow immediately. If not, another tampon should be applied for twelve hours, and it will seldom be necessary to apply a third one, and the great loss of blood consequent upon the treatment advised in your "note" will be avoided.

Is it not the duty of the physician to arrest hemorrhage *at once* and *permanently* by mechanical means, when this is possible. What would you think of the surgeon who should attempt to arrest hemorrhage from a severed radial artery by administering Ip., or Chin., or Ergot? That tendency to abort at the third month, which some women have, should be overcome by the properly selected homœopathic remedy, and the *symptoms* occurring during and after the miscarriage should be relieved in the same manner; but, were I *sure* that the *right* remedy would promptly and permanently arrest the hemorrhage, I would not risk the safety of the patient upon my judgment in selecting that remedy, when I could stop the hemorrhage in two minutes by mechanical means.

Fraternally yours,

H. L. WALDO, M.D.,
West Troy, N. Y.

[NOTE BY THE EDITOR. We regret to see that our friend Dr. Waldo takes exception to our note, appended to Dr. Sherman's article in the November number of the HOMŒOPATH. Though no advocate for the use of the tampon at any time in hemorrhage, after or during miscarriage, our note was mainly intended to point out the hazard attending the practice of leaving the patient for twelve hours, after having inserted the tampon. The allusion made to a wound or severed artery or viscera, is not apropos, for bleeding from a wound caused by mechanical process, is a hemorrhage of a very different character from bleeding during or after miscarriage. As long as we have the excellent remedies furnished by our school and the admirable effects of hot water to rely upon, we would certainly hesitate very much to recommend the use of the tampon, if the practitioner is well versed in the use of the former.]

IS SMOKING HURTFUL?

TRANSLATED BY

WM SHERZER, M.D.,

New York City.

Continued from January Number.

We quote some interesting observations from B. Lundals, and lovers of cigars and pipes who read it may well meditate.

CASE 1.—Dr. M., in B——, found that his physical strength had been failing for several years; he had a parched appearance, ate but little and felt in tolerable condition only after smoking a strong cigar. He consulted Dr. S., as he suffered severely from colic, which commenced regularly every afternoon and lasted several hours. Purgatives and Opium were used with no success.

After a thorough examination the patient admitted that he had been suffering for a few years past from trembling weakness in the extremities, palpitation and occasional vomiting; further, that the disease within the past month had concentrated in the spine near the lumbar vertebræ, and that it caused a feeling as if some one were blowing on it, and produced colic every day, causing a most unpleasant sensation. This commenced in the umbilical region, then spread over the whole abdomen, and finally concentrated in the spine. It was an intolerable tearing pain, like that of a bruise, without vomiting and without change of stools. During the night the pain disappeared.

The patient promised not to smoke for one month. The symptoms disappeared. At the end of the month he commenced to smoke again. The patient admitted that his sufferings really sprang from tobacco, but that he would rather suffer torments than to forego the pleasure of smoking. He began to smoke again, and the symptoms returned. They who think this course on his part inexplicable, must

remember the character of passions and sins. He who sins is the slave of sin. It is the same with drunkards and gamblers. They anticipate with avidity the enjoyment, and in the enjoyment they are exhausted through their very avidity. Still more pointed are the words that Goethe used as to animal sensuality, when whispering to Mephistopheles:

Ein wenig besser wirt er lieben
Hall'st du ihn nicht den scheine des himmels-
lichtes gegeben,
Er nent es wernunft und braucht's allein
Nur thiricher als thier zusein.

Case 2d. Chapman related that a man, formerly very strong and energetic, became sick and cowardly in consequence of excessive smoking. From being active and industrious he became inactive and afraid of doing anything. The least noise frightened him, and he was afraid to be alone at night. At the same time he suffered from dyspepsia and constipation. His appearance indicated mental debility. Abstinence from tobacco caused a complete recovery in a few weeks.

According to Chapman's views it is beyond all doubt that the use of tobacco has brought many a man to the insane asylum. He also observed *delirium tremens* in many young persons who drank but moderately, but had been addicted to smoking from early youth. Long before the nervous disturbance appears there are signs of disturbed digestion.

Case 3d. Navoth describes Dr. F. as a hemorrhoidarius and a great lover of the weed, who had suffered for seventeen years from attacks of vertigo, which were preceded by a pinching headache. He had a feeling of great compression, as if the whole world rested on him, and great debility, accompanied with disordered vision. Everything around him seemed to move in all directions. His mental faculties were impaired. He had repeated attacks during the day, followed by great weakness. He

gave up smoking, and all the symptoms disappeared and did not return.

Case 4th. A tavern-keeper, twenty-nine years old, who was induced when quite young by older men to smoke, became, in spite of nausea and vomiting, a passionate smoker. In his case the toxical effect manifested itself by producing continual toothache (a frequent symptom, according to Lundals,) and formation of sores in the nasal passages, preceded by dryness of the membranes with obstructions, dryness of the throat and nose, especially in the evening and at bed-time. The nasal catarrh, treated clinically as *Ozæna Scrophulosa* improved, because the patient was not permitted to smoke in the hospital. He became worse again on commencing excessive smoking. The nasal catarrh spread to the throat, where the patient seemed to feel something raw, like a bone (a common reflex action). He had nightly attacks of suffocation that caused him to spring out of bed in most frightful anguish. In this case were seen the therapeutic as well as the physiological effect of tobacco, as the pain subsided as soon as the patient began to smoke and walked slowly across his room a few times. Smoking, too, put him to sleep when he suffered from sleeplessness, as was frequently the case. The sudden cessation of smoking, enjoined by his physician as a part of the treatment, caused such an aggravation of the symptoms that the physician took the case for one of intermittent fever, and gave quinine, but without avail. The patient commenced smoking again, as it had formerly alleviated his pain and induced sleep. For the reason that the tobacco-patient feels instinctively that his suffering is a little relieved and not aggravated by the continuous use of the poison, he is induced to persist in the use of the demoniac weed. "They were rid of the devil, but the demon did remain."

The pernicious influence of tobacco on the nasal mucous membranes is demonstrated in Schmidt's *Jahrbücher*. Fossurant, himself, suffered from inflammation, erosion and formation of pustules in the *ali nasi*. This condition ceased in a short time when he gave up smoking, but, as he recommenced, the old sores reappeared. He suffered at the same time from cardialgia, cramps, trembling colic and marasmus. This illustrates the opposite actions of the same poisons (including tobacco). We spoke above of the therapeutical use of tobacco in a flabby condition of the muscles, *i. e.*, for cramps. But we see from the last two cases the contrary action of tobacco—that is, it caused cardialgia, colic and cramps. Tobacco, like opium, may have, in small doses, a primary exciting effect, and in large doses a secondary sedative effect. From this point of view, the next case is of unusual interest, as it illustrates the double physiological and therapeutical action of tobacco.

Case 5th. A man, seventy-one years old, had been for years an inveterate smoker. He made up his mind to give it up, but failed in the attempt, and in one day he smoked nine cigars in succession. This caused an illness of three days. All symptoms disappeared, however, and the state of his health appeared to be better than before. Shortly afterwards he fell into a lethargic state, from which it was difficult to arouse him. After this, real symptoms of mania *a potu* appeared. He was sleepless, excitable, talkative, and of fantastic imagination; his pulse was soft, full, and eighty-five per minute; he had a wild look; his skin was cold and moist, his tongue moist and coated; he was also constipated. The author had not the opportunity of personally observing this case to the end, but will mention two special symptoms: The patient, who was hard of hearing before this attack,

heard excellently well during his illness; for several years he had talked with great difficulty, very likely owing to partial paralysis of the tongue; but, in his excited state of delirium tremens, he possessed the complete use of his tongue, and spoke rapidly and distinctly.

Case 6th. F., a lawyer in B—, a robust, muscular, athletic man, suffered from 1840 to 1845 from spinal symptoms, having a morbid feeling in different parts of the spine, which changed in character as different parts became affected. For instance, if the column became affected in the region of the seventh cervical vertebræ, he experienced a feeling of depression and sensations of paralysis of the fore-arms and hands, with compression of the breast-bone (*manubrium sterni*), difficulty of swallowing, uninterrupted cough—which was shrill, and came by fits and starts.

If the upper part of the column became painful, no extraordinary symptoms could be observed other than strong palpitation. If the part corresponding to the twelfth dorsal vertebræ became painful, it was accompanied with compression of the stomach, loss of appetite and severe vomiting. These gastric symptoms disappeared as soon as the central sensations moved to the lower part of the spine (*cauda equina*), and gave place to eccentric disturbances of the sacral region, as cramps or spasms of the sphincter ani, and emissions, followed by great debility, unhappy looks and dejection and hypochondria. All these varying phenomena appeared with remission and exacerbation. At times the whole spinal column became affected, and all the above described symptoms appeared simultaneously, causing locomotive disturbances of the lower extremities, which were not actually paralyzed, but had an unsteady action, and difficulty in stepping over objects, such as stones. When he walked he

had sudden attacks of vertigo, which compelled him to take hold of some near object, or sit down, to save himself from falling. At times the central pain moved to the left hemisphere of the brain, causing double sight. Dr. Siebert, the well-known author and diagnostician of abdominal diseases, treated this case for hyperæmia and meningitis spinalis. But when cupping, leeches and purgatives only caused aggravation of the symptoms, he saw his error. The patient could not bear quinine, but felt better when he took preparations of iron and drank the chalybeate waters at Steffeu. A few weeks later he suffered as much as before, in spite of all treatment. A thorough examination elicited the fact that the patient smoked several good cigars every day. He left off smoking with great regret, and visited the Springs again without cigars, and returned a hale and hearty man.

We add the following, as it illustrates our first observations: Dr. Siebert relates that, in the winter of 1845, he and F. sat sociably at the Three Crown Tavern in B——. F. asked me if he could not smoke once more. I denied him, in vain. He smoked, and after the second cigar, he looked pale, had sunken eyes, and spoke in monosyllables, and finally left the room. When I went to look for him, he admitted that he suffered all the old sensations in the highest degree. Abstinence from tobacco, with treatment, overcame this relapse within a month. This last attack surely substantiated the diagnosis of nicotin-intoxication.

These few cases correspond with Lundal's symptoms, which he so beautifully describes in treating of chronic nicotin poisoning: "Chronic nicotin poisoning," says that author, "is characterized in the first period by dyspepsia, developing in the mucous membrane. Catarrh arises in the mucous membranes of the mouth, the nose, and the œso-

phagus, which are the most exposed to the action of the poison, causing swelling and, at times, excoriation of the mucous membranes. Afterwards the swelling spreads to the œsophagus and the stomach, and may also extend to the bronchials and the lungs. It may possibly be, however, that these dyspeptic feelings are purely nervous, although no signs of nervous derangement can there be discovered." The nervous pain commences at a much later period in the form of cardialgia mesenteric, neuralgia palpitation, and other nervous symptoms which characterize the disease. The climax of tobacco poisoning manifests itself by well-developed subjective nervous symptoms of the cerebro-spinal system. All the above enumerated symptoms may have a different cause.

Many people have great power to resist the effect of this poison, but it is of the greatest importance that every one should know the various signs of the poisoning, in order that he may not overlook them, and may interpret them rightly, as at any moment the time may come when endurance reaches its limit, and the insulted organism has no longer the power of resistance.

If we again recapitulate each individual sign of this poison as "Mene, Mene, Tekel," we find the following :

Abdominal pain.

Heaviness and pressure in the pericardiac region; cramps in various parts.

Vomiting.

Pyxosis.

Tympanitic condition of the abdomen; want of appetite.

Constipation; now and then diarrhœa.

Restlessness and feeling as if the extremities were asleep.

Trembling and lassitude.

Toothache and necrosis of the alveoli and maxillaries.

Palpitation.

Convulsive cough.

Asthma and feeling of suffocation.

Sleeplessness.

Vertigo.

Headache.

Melancholia and feeling of fright.

Delirium tremens.

Marasmus.

Pale skin.

Muscular debility.

Cramps of the bladder and sphincter ani.

Every physician as well as every layman should well study the extraordinary symptoms of nicotin poisoning as to mistake them would lead to wrong treatment. The frequent chronic catarrh of old smokers is frequently supposed to be caused by cold; and how much easier would it be to overlook tobacco as the true and real cause of nervous symptoms, such as vertigo, marasmus, paleness and muscular debility. And, as it happens, that tobacco symptoms disappear, or seem to disappear, on renewal of smoking, the delusion becomes still greater and more plausible. But nothing but rigid and continued abstinence from this vicious agent will put a stop to the convulsive cough that causes so many sleepless nights; with such abstinence the disagreeable and tenacious accumulations in the morning cease, the flabby muscles regain their strength, the pale-looking victim of a diabolical passion wavers no longer, and from his changed appearance is no longer an object of sympathy.

We must not be deceived by tobacco patients when they assert that tobacco has no detrimental effect, and perhaps add that it is the only sedative and consolation for their suffering. Besides, there may be connected with the tobacco vice other vices and passions that produce a destructive effect on the organism. We must also bear in mind that the bad taste in the mouth, the abundant secretion of mucous, the scraping feeling in the throat, the com-

pression, the headache, the disturbed sleep, the acidity of the stomach, the hypochondria, the palpitation, and the dyspepsia will continue in spite of abstinence from tobacco, if the patient continue, as before, to indulge in the seductive doses of Bacchus, Gambrinus, and Venus.

It therefore becomes absolutely necessary to make *tabula rasa*, renouncing all things that flagrantly cross the correct physiological path of life.

We should also state that temporary isopathic action is not peculiar to tobacco, but is a property of other poisons as well, probably on the basis of a universal law of nature applying to them all, and especially to the most widespread one, alcohol. Accordingly, Prof. Willibrand says: "Moreover, persons affected by alcoholic poison find relief as soon as they have taken a few drinks of brandy; but this in turn leads to intoxication. The opium-eater is released from his trembling and inconsolable condition by taking a fresh dose of opium; one suffering from iodism feels momentary relief when a fresh dose of iodine is administered to assist his burdensome palpitation, anguish, restlessness, and trembling."

Moreover, tobacco produces other and perhaps fatal effects on the central nervous system, in addition to the ever-apparant dangerous organic changes already stated. Insanity, softening of the brain, general paralysis, and paraphlegia have increased greatly in recent years, according to the statistics, and this no doubt is due in a great measure to the increased use of tobacco.

To get a correct idea of this branch of the subject, it is only necessary to read the report prepared and read before the Academy of Medicine at Paris, by Dr. Joly. In a comprehensive treatise on the pernicious effect of nicotin, he also showed the enormous increase of smokers in France. Taking the aver-

age of the maxima and minima of all the provinces, including those where there is little smoking, such as Brittany and Limosin, Dr. Joly calculated that eight kilogrammes, seventeen and a half pounds, of tobacco are used by each individual smoker. This is equal to fifty or sixty grammes of nicotin per capita. This comparatively small average, which moderate smokers often widely exceed, is enough to poison a whole regiment.

So far the question has been: Is smoking injurious to health? To conclude, we ask the question: Is smoking injurious to the pocket? There can be but one answer. There are instances where a smoker spends 150 marks yearly for cigars. Thus, in fifty-two years, calculating interest at five per cent., a capital of 75,000 marks, or \$18,777, vanishes in smoke.

SAT SAPIENTI.

GASTROTOMY.

DR. REAN.

From *Revista de Medicina*, Madrid.

This illustrious Professor of San Luis Hospital, doubtless has performed more operations of this kind than any surgeon in France; and his statistics indicate the danger and mortality of the operations:

One hundred and eighty-one cases ovariectomy (single), deaths, 44; four cases ovariectomy (double), deaths, 2; seventeen twisting of broad ligament, deaths, 13; eleven mesenteric tumors, deaths, 7; twenty-four interstitial tumors of uterus, deaths, 8; fifteen uterine tumors of different kinds, deaths, 5; two splenotomy, deaths, none; seventeen cancers, deaths, 15. In three hundred operations, there were two hundred and six cures, and ninety-four deaths.

III.
AMERICAN HOMŒOPATH.
A Monthly Journal of Medical, Surgical and Sanitary Science.

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Charles E. Blumenthal, M.D., LL.D.

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EDITORIAL.

LUNATIC ASYLUMS.

The recent murder in the lunatic asylum on Blackwell's Island, and the state of management in that institution, which made the homicide not only possible, but probable, compels us to urge again upon our readers the necessity of a reform, and of a thorough reform, in the laws and management which govern these places of refuge for the insane.

Again and again has the lay press of the land, with the *Herald* as its leader, called attention to the abuses prevalent in the charitable institutions to which the insane are consigned. But the information gathered by its emissaries had to be obtained by various and ingenious devices; for every kind of obstacle

seemed to have been thrown in the way of these men, who were sent out to ascertain the condition of the unfortunate inmates. Every new outrage exposed by the reporters led to increased public indignation, until it culminated in an attempt of certain well-meaning persons to apply for an investigation by the Legislature, in order to ascertain the real condition of the internal administration of our public asylums for the insane.

The attempt failed, not because of the unwillingness of the Senate Committee to do justice to the petitioners, but because the applicants went before the Committee without sufficient preparation to substantiate the charges, which everybody in the community believed, nevertheless, to be true.

The failure of this attempt, and the subsequent effort of the Commissioner in Lunacy to indorse the administration and management of our asylums, has not deterred the friends of reform, from renewed action to bring about the much to be desired results.

Unfortunately, the bill to obtain this reform, now before the Legislature, as well as the measures which are proposed, are very inadequate, and appear to be merely devices in the interests of individuals who seek personal renown and advantages more than the improvements important to the welfare of the unfortunate patients.

We need a law which creates a State Commission of five, three laymen and two physicians, and a County Commission of an equal number, in each coun-

ty in which an asylum is located; the members of the last named commission to be appointed by the State Commission, with duties which require a weekly personal inspection by one of their number, and a monthly report by all the members of the County Commission, to the State Commission. This would be a step in advance to the much desired reform.

If, in addition to this, stringent laws, prohibiting the employment of unqualified nurses, and the overcrowding of these places of refuge for the most unfortunate and helpless class of human beings should be exacted, it would go far to ameliorate their unhappy condition.

But the members of these commissions should always be compensated for the time which they are required to spend in the discharge of their duties, and be held rigidly responsible for the condition of the institution, the supervision of which is confided to their charge.

For we all know how little unpaid trustees and directors of our financial institutions know of the affairs of the establishments with which they are connected.

Only when paid for their time and labor spent, can we expect, and ought we to require, a rigid responsibility for duties imposed.

Charity, of which it is said that it covers a multitude of sins, would certainly, if exercised in behalf of these, the most helpless beings, cover with its mantle many of our political shortcomings. We ought, therefore, pro-

vide their retreats with ample room, not with costly architecture, so that a healthy atmosphere and a decent privacy could be enjoyed by all its inmates, which would certainly materially assist their recovery, and thus lessen the charges upon each county. The food furnished the patients should also be of a better kind than that given to them. It is now evidently not equal in many places to that given to criminals.

But criminals can complain intelligently, while these poor beings have no means to make their troubles known; for all their complaints are generally regarded as only the offspring of a diseased mind, and as such, no attention is paid to them.

We have a society for the prevention of cruelty to animals, another to protect children, and one to assist criminals who wish to reform. We think one to protect the insane and and idiotic, more helpless than dumb animals, will soon be needed and find plenty of work for its philanthropic efforts.

DEATH OF DR. W. H. WOODYATT.

We are regretfully compelled to chronicle the death, on January 31st, of Prof. William H. Woodyatt, one of the corresponding editors of this journal. His sickness was only of three days' duration. He first complained of feeling unwell, and of a severe sore throat, which proved to result from a quinsy, which broke a day or two afterward. From that moment malignant diphtheria set in, resulting in his death.

He was forewarned on Friday evening, by his failing strength and lessened activity of the heart, that his end was near at hand, and, calling his wife and children about him, he bade them an affectionate farewell. The deceased was 33 years old, having been born in Brantford, Canada, in 1847. He received his primary education at that place, and in 1864 went to Cleveland, Ohio, where he entered upon a course of medical studies in the Homœopathic Institution of that city. Subsequently, he went to New York, where he made a vigilant and persistent study of the eye under Professor Krape, an eminent oculist, which branch of the medical service became a specialty with him, and one in which he gained an extended reputation. As an oculist, probably few have achieved greater success at his age than he, and to the earnestness and close attention to which he gave his profession is due more than any other cause his untimely death. He was a person of sterling integrity and earnest in everything he undertook. He was one of the founders of the Chicago Homœopathic College, and at his death was a member of the faculty of that institution.

A meeting of the Faculty of the Chicago Homœopathic College was held at the college building. Professor Mitchell, President of the college, presided, and the following resolutions, presented by a committee consisting of Robert A. Tooker, Julia Holmes Smith, and Edwin N. Hale, were unanimously adopted:

"*Whereas*, The Chicago Homœopathic College has met with the loss of one of its founders and most efficient workers; and

"*Whereas*, We desire to publicly testify to his manifold virtues, his true, genial and earnest manhood; therefore,

"*Resolved*, That in the death of Dr. Woodyatt the medical profession of the

city and country has met with a great and irreparable loss; that science must mourn a most valuable investigator, and truth an honest defender.

"*Resolved*, That the suffering and needy can rarely find so kind and skillful a friend and surgeon, and that the beneficiaries of the college must share our grief.

"*Resolved*, That in the loss of our beloved colleague we have the happy memory of a most genial companion, an earnest and enthusiastic co-laborer, a stanch and unflinching friend of all good, a physician in the truest and best sense of the word, a Christian gentleman, a thoroughly true man.

"*Resolved*, That the one consolation in this our hour of deep bereavement, is in the blessed recollections of the life of our brother, so brief, yet so rich in fruitage; like the Christian philosopher, he met the king of terrors, being busied when the summons came, as was his daily wont, in humane, beneficent, public-spirited, noble actions.

"*Resolved*, That we must count ourselves richer that we have the right to mourn.

"*Resolved*, That we extend to the bereaved widow, family and friends of our departed brother our most heartfelt condolence, with the assurance that we will emulate his virtues and revere his memory.

"*Resolved*, That a copy of these resolutions be presented to his widow, and be published.

Rochester, N. Y., Jan. 31st, 1880.

At a meeting of the Monroe County Homœopathic Medical Society, held recently, the following was adopted as the sense of the meeting:

In commemoration of the death of Willard Doolittle, M.D., Secretary of this Society, it is proper that our ex-

pressions of esteem and sorrow be placed upon the minutes, therefore,

Resolved, That the Society has sustained the loss of a member, who has commanded our respect as a man of unswerving morality, and a gentleman of character.

Resolved, That we recognize in him the elements of a true physician; among the foremost of which was faithfulness to his calling, even to the sacrifice of his life, which occurred by his assiduous attendance on a case of diphtheria.

Resolved, That with deep sympathy for his widow and child, we extend to them all the aid and protection in our power to render.

REVIEWS AND NOTICES OF BOOKS.

A TEXT-BOOK ON ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY. By John Butler, M.D., L.R.C.P.E., L.R.C.S.I. Boericke & Tafel, New York.

This Text-Book on electricity, written from a *Homœopathic* standpoint, by one of the best electricians of New York. For that reason alone, if for no other, the author deserves the thanks of the Homœopathic physicians. But independent of this it has claims on all who are not too indolent to seek information concerning a therapeutic agent destined to occupy a prominent position as an active power to cure diseases, which cannot be reached by drugs.

No physician of the present day ought to fail to seek information concerning its nature and *modus operandi*, the beneficial effects and dangers of its use. In the hands of quacks and laymen it has done some good and a great deal of harm. It ought, therefore, be administered only by intelligent physicians, who have devoted some time to

the study of the subject, and we know no work better calculated to train the tyro in the use of the battery with advantage to his patients. No physician should ever encourage a patient to use the battery at home unaided by his medical adviser. The work of Dr. Butler, though of moderate size, contains all the general practitioner need know of electricity, and we trust that it may be found soon in the hands of all to whom we address ourselves.

LECTURES ON ELECTRICITY IN ITS RELATION TO MEDICINE AND SURGERY. By A. D. Rockwell, A.M., M.D. Wm. Wood & Co., New York, 1879.

This work is rather an epitome of larger works written by a master in the science, one of the pioneers of electricity in this country, and who has advanced with it in every step of its progress, who has made it the study of a life-time. Well may he be an instructor. The work contains a great amount of information, particularly suited to a beginner. It is divided into seven chapters which treat successively of Electro-physics, Electro-physiology, Electro-Diagnosis, Method of Application, Apparatus for Electro-Therapeutics, Treatment of Special Diseases and Electro-Surgery. All these are taught in brief but clear language, remarkably well calculated to leave a lasting impression upon the reader. It is also an excellent work for a hasty reference.

THE HOMŒOPATHIC MEDICAL REGISTER FOR NEW YORK, NEW JERSEY AND NEW ENGLAND STATES, 1885. A. L. Chatterton Publishing Company, New York.

This is a very useful publication and will be a welcome one to many of our colleagues, who are often at a loss

for the address of a Homœopathic physician in a given locality. We hope the publishers will before next year furnish us with a register for all the States in the Union. The present volume is neatly got up, though it might have had a little more substantial binding.

THE HOMŒOPATHIC MEDICAL DIARY.
Adapted for any year. By E. P. Mossman, M.D. C. T. Hurlburt, Homœopathic Pharmacy, New York.

This Physician's Diary, has been many years before the public, and to judge from the continued sales thereof must be a general favorite. It certainly contains a great number of practical hints, and many useful tablets, ample space for every kind of memoranda, and is very substantially bound.

CLINICAL TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By M. Rosenthal, Professor of Diseases of the Nervous System, Vienna, with a Preface by Professor Charcot. In two volumes. Eighth and Ninth Volumes, "Wood's Library Standard Medical Authors."

This work has passed through several European editions, and with Prof. Charcot's indorsement, we may well consider it as standard. We notice that hydropathic treatment is steadily gaining ground in France and Germany, as a valuable therapeutic agent in chronic diseases of the nervous system, and the present treatise does good service in calling attention to this agent, since its employment has been almost entirely neglected by American physicians.

The use of electricity is very generally recommended, and its beneficial results noted, discrimination being used as to the variety of currents and their

special actions. Take it altogether, it is a very valuable contribution to medical literature.

UNSERE HAUSTHIERE. Handbuch der Rationellen Zucht, Ernæhrung und Pflege (Our Domestic Animals, with 131 finely executed woodcuts. A Manual of how to raise, feed, and treat them). By Dr. Wm. Loebe, Editor of the Illustrated Agricultural Journal. Published by Dr. Wm. Schwabe, Leipzig, 1850.

This is another finely got up work, from the enterprising house of Dr. Schwabe, in Leipzig. There are few among us who do not love a good horse or a faithful dog, and there are many who, at some period in their lives, take warm interest in the welfare of all our domestic animals. To all such this book will not only prove entertaining, for it is well written, but afford information worth more than twenty times the price of the volume. To the agriculturalist it is invaluable.

AMERICAN HEALING PRIMERS: The Throat and the Voice, J. Solis Cohen, M.D.; Winter and its Dangers, Hamilton Osgood, M.D.; The Mouth and the Teeth, J. W. White, M.D., D.D.S.

These three little treatises constitute Vols. VI., VII. and VIII. of Lindsay & Blakiston's popular series on Sanitary Science and the preservation of health. They are written from an American stand-point, and by American authors, each of whom is a specialist or an expert in the department assigned to him in the series. Physicians who recommend these little volumes to the families who look to them for medical advice, will benefit the rising generation, and make more intelligent patients of the sick. They are for sale in New York by J. Pelton, 25 Bond Street.

DISEASES OF WOMEN. By Lawson Tait, F. R. C. S., Surgeon to the Birmingham Hospital for Women, etc., etc. Tenth volume, "Wood's Library Standard Medical Authors."

The author having had much experience in the treatment of Diseases of Women, renders the volume particularly valuable, as it is only through a large number of cases that we are able to make deductions of any practical value. He recommends the use of carbolic acid, both pure and in combination with glycerine, half and half, for many of the diseases of the external genitals, and also the cervical canal, which we shall agree with him, is much better practice than the indiscriminate use of lunar caustic, which he particularly condemns.

The author speaks of the extreme views of some gynecologists, they seeming to discover in *every* case they see, some flexion or version, and he says, "I have ever found him endeavoring to arrest hemorrhage due to a piece of retained placenta, by a complicated instrument placed to rectify a supposed retroflexion." This only shows what a monomania a specialist is likely to fall into.

We are not a little surprised, in the chapter upon the *cervix*, to hear no mention made of lacerations, but perhaps they do not occur as often in England as they do in this country, or as they are supposed to by some of these specialists, who find a laceration in nearly every case they examine; but take the work as a whole, there is a great deal of information in it.

MYOPIA FROM A BLOW. THE MECHANISM OF ACCOMMODATION.

BY

R. E. DUDGEON, M.D.

A. E., aged about twenty-six, was struck by the cork of a soda-water bot-

tle, let off beneath him, on the inferior and outer part of the left eye-ball. The pain caused by the blow was extreme, and the vision much affected. Within a few minutes of the accident he was at the Moorfields Ophthalmic Hospital, and his sight was tested by a medical man there. Vision was very foggy, and fingers could only be seen and counted at a small distance from the eye, in which position they appeared magnified. Ice to the eye was prescribed. On going home he saw Mr. Engall, and as the pain still continued of an intense burning character, and as blood was effused into the anterior chamber, filling it inferiorly almost up to the line of the pupillary border, Mr. Engall prescribed *Arnica* in compresses, which soon caused the blood to disappear. Pain still persisting (it lasted for three days), and the eye being highly injected, *Aconite* was prescribed and a powder of *Merc. corr.* The pain and inflammation having subsided, the pupil appeared egg-shaped, the long diameter perpendicular, the smaller pointed end of the egg directed downwards. By this time the vision was clear, but extremely myopic, only things held at less than two inches from the eye being distinctly visible, and then highly magnified. Vision beyond this was extremely indistinct, no details of objects being distinguishable. Mr. Engall applied *Belladonna*, which caused dilatation of the pupil, but had no effect on the vision. *Bell.* was also given internally. When the *Belladonna* mydriasis had subsided the pupil appeared round, but the vision remained as before. Mr. Engall sent the case to me a week after the accident. I found the right eye normal and emmetropic, but in the left eye the pupil, though not much dilated, was sluggish. There was no pain, unless a slight tenderness on the top of the eye-ball could be so called, the refractive media of the eye were quite transparent,

and there was little or no vascular turgescence. A book had to be held within four inches of the eye before he could see the letters distinctly, and then they appeared highly magnified. There was no dimness or fogginess of vision, but he could not distinguish the details of objects beyond that distance from his eye. In short, the eye was *set* at the highest possible degree of accommodation for near vision, and could not be moved from that. I prescribed *Physostigma* 3x every three hours, and after one dose he was able to see objects at a considerable distance, and the following day the sight was almost as good as ever. I saw him again eleven days after his former visit—eighteen days after the accident—and found his vision perfectly normal, distant and near objects being seen in the most perfect manner. The pupil, too, was normally contractile. There was some tenderness on pressure on top of the left eyeball, and some conjunctival vessels appeared rather too plainly, but the eye could be pronounced well.

This case, I think, illustrates the views I have repeatedly set forth with regard to accommodation. The blow on the lower and outer part of the eyeball had tilted the lens on its horizontal or, perhaps, oblique axis, to such a degree that the lower fibres of the ciliary muscle were overstretched and paralyzed, if not actually lacerated. The lens was thus in the position of accommodation for the nearest possible distance, and the weakened or injured portion of the ciliary muscle was unable to restore it to the proper place required for distant vision. Were the views respecting accommodation usually held correct, this condition of the vision would imply a continual and extreme spasm of the ciliary muscle, so as to keep the capsule of the lens in a state of laxness, and allow the lens to assume

a convex form by its own elasticity. But then the dilated and irregular state of the pupil militates against this view, not to mention that the exciting cause—a sharp blow—is more likely to cause paralysis than spasm of the delicate ciliary muscle. The circumstance that the full dilatation of the pupil by *Belladonna* was without effect on the myopia is another reason for disbelieving in any spasm of the ciliary muscle. On the other hand, a mechanical turning of the lens, as I have elsewhere explained, will shorten its focus and cause any conceivable amount of myopia. The degree of myopia in this case was greater than could be produced by the utmost effort to accommodate the eye for near vision, and it was permanent. It is impossible to suppose a spasm of the ciliary muscle—even could it cause this degree of myopia—lasting for such a length of time—a whole week—without any painful sensation, and even resisting the paralyzing action of *Belladonna*. On the other hand, the immediate effect of *Physostigma* might favor the idea of spasm; for the production of myopia, which is usually considered to be owing to general ciliary contraction, is a pathogenetic effect of *Physostigma*, and its relief would be a homœopathic cure. My own idea is that the *Physostigma* acted remedially on the overstretched or paralyzed portion of the ciliary muscle, restoring its tone gradually, and so enabling it to replace the lens in the position adapted for distant vision. The restoration to normal accommodation power was not effected by a sudden spring, as in the natural changes from near to distant vision, but gradually, for, though great improvement was observed soon after the first dose, it was not complete until after the lapse of a day or two.—*British Journal of Homœopathy*.

NASAL POLYPI, CURE OF.

BY
S. CARO, M.D.

This painless method of removing nasal polypi, never before made public by the originator, is an apology for taking a small space of your valuable journal.

Mr. G. M—, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but, not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry Dr. Ceccarini kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2d, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and on the third day dropped off, leaving his nose clear, without a sore or a vestige of it. Neither of the two operations was followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from

the decaying mass was corrected by a weak carbolized wash. The long interval from the destruction of the first and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.—*Record*.

LONGEVITY.

A well-known anecdote tells us that when Lord Mansfield, the celebrated judge, had a very aged witness before him, it was his custom minutely to inquire into his or her habits of life, and he invariably found that whether their occupations were sedentary or active, whether they were drunken or sober, such old people were always early risers. As judges on circuit, when trying right-of-way cases, are frequently brought in contact with the "oldest inhabitant" of the neighborhood, this evidence is valuable, and it is borne out by the experience of the centenarian Canon Beadon, who, being asked for the secret of his long life and robust health, replied, "Never be out of bed after ten o'clock at night nor be in bed after seven in the morning; never do any brain-work after dinner, and never wear a greatcoat." It is far easier, as most of us are aware, to praise early rising than to practice it, but it would not be so difficult of attainment if we went to bed at a reasonable hour. This achievement, however, is undoubtedly harder now than it was a hundred years ago. Modern discoveries have removed or alleviated those perils and dangers of the hours of darkness, which to our ancestors were real causes of apprehension. To the inhabitants of towns, especially, with well-guarded and well-lighted streets, night and day are much alike, and hence they sit up late and rise late, to the detriment of their health. We do not agree with Canon Beadon's anti-greatcoat theory. If it be right to

wear warmer clothing in winter than in summer—and Nature makes this provision for her furred and feathered children—it can scarcely be wrong to put on an extra wrap when going from a warm room to a cold road.

LEUCORRŒEA, WITH PAINS IN LEFT HYPOCHONDRIUM. CEANOTHUS AMERICANUS 3.

BY

J. C. BURNETT, M.D.

A young lady, aged 19, came under observation on May 23d, 1879, complaining of constant and severe *pain in the left hypochondrium*, of more than two years' duration, and yellow leucorrhœa. The pain she described as piercing. Her menses were too frequent, appearing every fortnight. *Ceanothus* has strong affinity for the left hypochondrium, and it produces pathogenetically a too frequent flow of the menses. In my hands it has repeatedly cured *Fluor albus*, when the discharge was yellow, and when it was connected with a pain under the left ribs. I therefore ordered *Ceanothus Americanus*. Heretofore I had confined myself to very low dilutions of this remedy, but having found it, even in the first centesimal dilution, produce disagreeable symptoms, and being, moreover, desirous of testing a somewhat higher dilution, I made use of the third centesimal, and of this I administered one pilule every four hours.

July 18th patient returned, and reported as follows: "The pain in the side disappeared entirely in two days, and has not since returned; the whites have ceased, and the period was a week later, and there was less pain than usual."

I have before proved that *Ceanothus* is a splendid spleen medicine. Apparently others do well without it; I cannot.

The patient still complained of a

headache; for this *Zincum 6* was prescribed, and she never came again.—*Homœopathic World*.

ERYTHROXYLON COCA.

BY

DR. TUTHILL MASSY.

Having a few interesting facts by me, relative to the action of *Coca*, I give them for the benefit of your readers; now in these days of velocipede traveling, when young men feel sufficient support from an early breakfast to a late dinner, by chewing and swallowing a few leaves from time to time during the day's journey. On the other hand, I have found the chewed leaves produce great depression in two middle-aged gentlemen, who substituted the leaves for their ordinary luncheon, and did some long walks, and taught or gave instructions at a Saturday Scripture-school; one had great uneasiness about the heart, with sickness of stomach, and had to stay in bed for a day or two after.

A gentleman consulted me last March, by letter, about his hearing, for which I recommended an infusion of *Coca*, in case the 3d tincture gave no relief. On the 2d August, following, he replied: "I delayed answering your kind letter of March until I had given the *Coca* a fair trial. I have now done so, and am in a position to tell you how it has affected me. I tried the tincture 3, a few drops night and morning, for 10 days, for the deafness with humming noises in the head and ears, but I regret to say with no good result. I then got some leaves and made an infusion, putting twelve to twenty leaves in a small teapot, with about a cup (breakfast) and a half of boiling water, allowing it to infuse for some fifteen minutes. This I took morning and evening, and still take it instead of tea, and for about three months the effect has

been something wonderful; from being depressed and very low spirited, easily tired, I can now walk any length of time without feeling fatigue. Before taking the *Coca* my nerves seemed so unstrung that when I read a pathetic tale I could not refrain from becoming very much affected, although I tried hard to overcome the absurd feeling. Now I am quite myself again. I find that what you state at page 123 of your admirable little book on the American Remedies, has been fully proved correct in my own case, as regards elasticity of step, etc., etc. In a word, I may say I never felt better in my general health than I do at the present moment; but this continued humming and buzzing in my head and ears, with the hardness of hearing, is of course, a great drawback. The hearing appears to be much affected by the weather. It seems better with a rising and worse with a falling barometer; so, I suppose, it will continue so, and I fear I must put up with it.

"October 22d. I continue to take the *Coca* for breakfast and tea without milk or sugar; it has done me a world of good, and I feel myself up to any amount of work, although I have just turned fifty-eight. I attribute all this to the *Coca*. For breakfast I take a plate of oatmeal porridge, and then the *Coca* with an egg, or some cold meat, or bacon, with toast without butter. I take the *Coca* without milk or sugar. We dine at half-past two. I take mutton or beef, no potatoes, and very few vegetables, and sometimes fish before, a light pudding after, but no pastry nor cheese and no soup. These seem to affect my hearing, if I take them frequently. I never touch wine nor spirits, as they seem to have the effect of causing great heat in my ears, and make the hearing worse, and increase the noises in my head and ears. At least I fancy they do. I have tried the remedy you mention (*Hydrastis Canadensis*),

and nearly all the old remedies you allude to, but they don't seem to do me much good for the hearing, but I have no doubt they have done my general health a great deal of good."

October 28th. Previous to consulting me, this gentleman had been under an *Aurist* for six weeks, without receiving any benefit. I mention this, as I had not the opportunity of examining the ears for myself. I must take an extract from his letter of this morning. He writes: "On referring to Ogilvie's Imperial Dictionary, I find the following account:

"*Coca*. The dried leaves of the *Erythroxylon Coca*. It is one of those stimulating narcotics which belong to the same class with tobacco and opium, but it is more remarkable than either of them in its effects upon the human system. The *Coca* leaf is chewed by the Peruvians mixed with finely powdered chalk. It brings on a state of apathy and indifference to all surrounding objects; the desire for awhile increases so much with indulgence in it, that a confirmed *Coca* chewer is never reclaimed."

"All this agrees mainly with what I have read before, only he dwells more strongly upon the evil indulgence in *Coca*. If this account is true, it appears to me to be a dangerous thing to trifle with such a drug."

Another case is before me, *similar* to that already detailed, of a gentleman of about the same age, but attended with constipation in the lower bowel, for which I prescribed the infusion of *Coca*, instead of tea or coffee, twice a day, but without any permanent benefit. I mention this in order to draw attention to Dr. Adrian Stokes' case of *chronic constipation*, so instructively written. This case is quite a study, for the constipation began in the digestive system, with *flatulent indigestion* ending in "*difficult defecation*." This lady's case is a

marvel of medical progress in the selection of a remedy. Would that we could always have such results! Many years ago a physician called on me to see his wife, who had some slight ovarian enlargement, with more or less constipation, for which I prescribed *Calcaria Carb.* 3, with good results. The doctor was charmed with the remedy, for ever since he finds *Calcaria* 12 quite sufficient to move her bowels. Once or twice he wished to test his wife's imagination by giving only water without the *Calcaria*, when the bowels remained unmoved, and he has confessed his experiment, much to her satisfaction and his amusement at the discovery. I remember two very instructive cases of laryngitis recorded by Dr. Stokes, which I fortunately read a day or two before I had a night-call to a somewhat similar case, which was very quickly relieved by *Gelseminum*. Such cases are not to be forgotten.—*Ibid.*

CASES FROM PRACTICE.

IV

DR. RUCKERT,

Of Herrnhut *

* Adapted from Translation by Dr. Burnett from *Allg. Hom. Zeitung*. Dr. Ruckert is the only surviving disciple of Hahnemann who received instruction direct.

About a year ago an otherwise healthy gentleman, about fifty years of age, came to me and complained of a pain in his *Tendo Achillis* that put him out a good deal. I administered various remedies to him, and the pains left him.

He came again, however. His right *Tendo Achillis* was again out of sorts; there was a swelling on it about a couple of inches long, and it pained so much that it hindered his walking. The pain he could not otherwise describe than as if the place were *jammed* in, with a feeling of unusual heat there-

in, worse while sitting, better while lying down. Otherwise he was quite well.

I took up my Bönninghausen's *Taschenbuch* that is always lying on my desk, and I found, under *Tendo Achillis*, thirty-eight remedies, foremost of which is *Mur. Acid*.

But I began to compare a bit with the one in the second place, as I should never have thought of this acid in such conditions, and our literature did not contain anything suggestive of it, but I could not find anything to fit.

Yet I was not a little astonished on looking up the *Materia Medica Pura*, v. (1826), symp. 34.

"In walking, drawing and tension in the *Tendo Achillis*, whereby the foot is rendered so lame that he cannot walk." Sympt. 33 was not present in my case, but it indicated an inflammatory condition of the tendon.

I at once put 6 drops of the acid into 60 grammes of water and ordered it to be taken by the teaspoonful, and was not a little astonished to hear, the next morning, that the patient had perspired a little in the night, and that the pain was considerably less, so that it no longer hindered his walking except a very little. By the next day it was all right.

We are thus often helped out of a difficulty by a symptom that we should think of no value, and said I to myself, "Is it wise to strike out symptoms that seem unimportant, as Espanet would have us do?"

A remedy that only occurs once in the *Klinische Erfahrungen*, vol. iv., 581, and there used with advantage by my eldest brother, and one that has probably but very rarely passed through my colleagues' hands, has helped me out of a difficulty with two patients this very year.

A gentleman, seventy-eight years of age, still pretty hale, but often suffering

from itching of the skin, without any eruption, sent for me on March 4th and complained of not having been able to sleep for several nights, because his legs were constantly jerking up with cramps. I found him sitting in an arm-chair, with his legs stretched out and resting on a foot-stool, and could see how his legs visibly jerked, which, as he said, was much worse at night, and, of course, disturbed his sleep. Otherwise he complained of nothing, and his digestion was good.

Here there was not much to take hold of for the choice of a remedy. At first I gave him *Antim.-Tart.* 3x trit. three doses, to take one every eight hours.

On March 6th I found the patient still in the same condition.

I then thought of a similar case that had occurred to me years before, and also of the before-mentioned observation, and I found under *Menyanthes Trifol.*: "While sitting, the whole of the leg was spasmodically jerked upwards four separate times, but when standing, or when sitting with bent legs, it was not observable," and "not exactly painful, but visible jumps in various parts at the same time."

I gave three doses of *Menyanthes* 3x, in the same manner as the *Ant.-Tart.*

When I called again he said that rest resulted from the first dose; he was able to sleep, and not a trace of the affection remained.

Another case: An ex-West Indian missionary, eighty-two years of age, whom I had often relieved with divers remedies of various rheumatic pains, seated principally in the left hip, and extending thence down the whole thigh, complained on July 3d of a dull pain from the hip to the lower half of the leg, with occasional stitches and very painful visible jerking of the leg, so that his rest at night was entirely destroyed.

After one dose of *Menyanthes* 3x, he was able to sleep the next night, and

the painful jumpings and jerkings quite disappeared, and also the before-mentioned pain.

Subsequently the same condition occurred again, and was also cured with the same remedy.

Later, the above-mentioned gentleman, whose respiratory organs never showed the faintest sign of any morbid tendency, began suddenly at the end of July to suffer from a cough, that at once became loose, and much expectoration. I gave him *Pulsatilla* without benefit. The cough, brought on by the accumulated phlegm, increased, and did not give him ten minutes' rest day or night, so that all sleep was disturbed, and his powers were evidently waning.

At the same time the profuse expectoration took on a suspiciously yellowish color, and such a bad smell that the nurse had to take the spittoon out of the room.

I gave *Silicea* without effect, so also, in order, if possible, to get a little rest at night, *Hyoscyamus*. On the fourth day *Phosphorus* was also given, but without avail.

This violent attack on the respiratory organs, let alone all the other pains and aches, left no other outlook but the break up of the eighty-two-year-old organism. I now gave *Stannum* 7x trituration, a few grains dissolved in water. Of this patient took a sip in the afternoon, and again in the evening.

The patient slept the whole night; cough and expectoration were insignificant, and disappeared entirely within twenty-four hours, and did not return. The attack on the respiratory organs was cured.

The principal seat of the rheumatic pain, which gradually returned, was the left thigh. But towards the end of August it often went away from this side and concentrated itself especially in the right hips, and radiated from

there to the knee and calf. He could not exactly describe it; it was in the bone, but it became so violent that he whined day and night, and could not sleep a minute, and begged for relief from his misery.

Towards the evening I gave one dose of *Colocynthis* 3x.

One hour after taking the medicine the pain yielded, and he had slept the whole night. The pains were gone and did not return.—*Ibid.*

BUREAU OF CLINICAL MEDICINE.

The Bureau of Clinical Medicine have selected as the topic for papers and discussion at the next meeting of the American Institute of Homœopathy, *scarlatina scarlet fever*:

Its history, etiology and varieties, N. F. Cooke, M.D., Chicago.

The diagnosis and course of its varieties, prognosis and pathology, Sam'l Lilienthal, M.D., New York.

Contagious nature of, and liability to exemption from, as to age and previous attack, T. F. Pomeroy, M.D., Detroit.

Dissimilarity to diphtheria and to other cutaneous diseases, I. P. Mills, M.D., Chicago.

Belladonna and other prophylactics; and for what varieties. Influence of seasons, climate, etc., O. P. Baer, M.D., Richmond, Ind.

Treatment of its varieties and symptoms, A. Lippe, M.D., Philadelphia.

Any member or other physician having anything to communicate under either of these heads, will please correspond with the member of the bureau having it in charge, or with the chairman,
C. PEARSON, M.D.

608 12th Street, Washington, D. C.

PUBLISHERS' DEPARTMENT.

—The *Physician and Pharmacist*, New York, one of the best monthly journals of the old school, has materially increased its value by the addition

of the Bulletin of the Medico-Legal Society. The department is under the able editorial charge of Geo. W. Wells, A. M., M.D. The editors of the departments of medicine and pharmacy are, E. H. M. Sell, M.D., and H. P. Gisborne, M.B.

LACTOPEPTINE.—This preparation, which is a composition of Pepsin, Pancreatin, Diastase or Vegetable Ptyalin, Lactic and Hydrochloric Acid and Sugar of Milk, is acquiring a great reputation, both in England and America, in the treatment of many forms of Dyspepsia and wasting diseases of children. We have used it in several cases with remarkably beneficial results, and we feel certain the profession will not be disappointed in its effects. It is also an excellent remedy in Gastritis, Vomiting in Pregnancy, Dysentery and Diarrhoea of children. Pepsin is undoubtedly a valuable remedy in many forms of Dyspepsia, but it does not seem to meet all the indications fulfilled by Lactopeptine.—*Canada Lancel*, April, 1878.

GRAY, NOAKES & CO., CARRIAGE MANUFACTURERS, 1418 BROADWAY.—In the interest of our readers, we deem it just to call attention to this young and enterprising firm of fashionable carriage builders. They have finished lately a number of vehicles of various description for some of the best families in the city; and all agree that their work for style, finish and solidity, compares favorably with the best work done in our city. We can endorse this, for we have had occasion to buy of them and employ them for repairs. It may be of interest to our readers to state that their prices and charges also compare favorably with those of other first-class manufacturers of our city. The latest novelty they have introduced is a telephone carriage, which enables the occupant of the carriage to speak to the coachman without opening a window or door.

THE
AMERICAN
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DYSMENORRHOEA.

Indication of Remedies. Extract from Cases and
their Treatment.

BY
GERTRUDE A. GEWEY, M. D.,
Brooklyn, N. Y.

The majority of American women are more or less subject to dysmenorrhœa during some part of their menstrual life.

The affection generally depends upon erethism, of the interior of the uterus, called into action at each menstrual period, or from ovarian irritation. The disease is characterized by years of suffering, unless relieved by local interference or internal medication.

There are five distinct classes, but rarely do we meet with one variety that is not complicated with another.

Until the year 1821 when Power first broached the subject, the connection between ovulation and menstruation was unsuspected.

Even then it was not established until the writings of Negrier in 1840. The ovular theory at present is universally admitted.

Our knowledge as regards the seat of the pain is often obscure.

In the neuralgic, congestive, inflammatory, and obstructive form, the pain may be located in the uterus, ovaries, or perhaps in the cellular tissue, often due to pelvic peritonitis. The neuralgic form is more frequently met with, in neurotic temperaments, weak constitutions, in connection with anæmia, malarial toxæmia a frequent cause, impaired nutrition, etc.

There may be no organic change in the uterus, or its appendages, but a hyperæsthesia of the nerves supplying the uterus, in consequence of congestion, and this gives rise to neuralgic pains.

Such persons will suffer from supra-orbital neuralgia, if fatigued, or excitement of any kind. Neuralgia of the head and face, is rarely a primary affection, the cause may be quite remote from the seat of pain.

It may be from pressure, from exostoses, cicatrix, from aneurism, tumors, pressure upon the nerves, and this may cause pain in the various parts of the body, be centripetal or, centrifugal, and if the cause can be removed it will disappear, the same of neuralgic dysmenorrhœa. We must endeavor to remove the focus of irritation before we can relieve our patients.

Prolapses, versions and flexions are most always present in the congestive form. The engorgement and turgescence of the uterine vessels press upon the nerves and hence cause pain. The mucous membrane of the uterus, ovaries, as well as the fallopian tubes, are hyperæmic.

The true inflammatory form may be differentiated from the neuralgic, or in fact from most of the other different forms by the inter-menstrual pain, locomotion becomes difficult, easily fatigued, and is therefore called inter-menstrual, or intermediate dysmenorrhœa, and is probably due to the commencement of the ovulation process in the ovaries, affected by thickening of the indusium. Ovarian dysmenorrhœa is usually the condition that is styled chronic ovaritis. These causes are sometimes accompanied with inter-menstrual pain, occurring regularly on a given day, and great nervous hyperæsthesia.

In one case I treated, there was maniacal and sexual excitement, with suicidal tendencies.

Insanity being hereditary in the family. This patient had always been subject to great excitement during the menstrual period. At this time her nervous system was overtaxed by mental application, being a student, and preparing for final examination. Two days before the menses, became very much excited, attempted to escape from the window, laughing and crying alternately, then would

sing at the top of her voice, made all manner of fantastic gestures, eyes wild and staring, pulling her hair, clenching her hands, became so violent that I was obliged to restrain her.

I had her put to bed, securing her hands and feet to prevent her from injuring herself. I tied her feet by strips of cloth around the ankles fastening across the bed, and tying to the slats of the bed, (being a single bed.) Her hands and arms I folded across the chest and fastening the same way.

Having enjoyed the advantages of Middletown Asylum, being an assistant there for over a year, seeing and assisting attendants adjusting appliances made for the purpose, I did the next best thing I could without the necessary equipments of an asylum.

Prescribed hyosciamus, 3rd and after the second dose she became more quiet. The next day menses came on, and after the flow was fully established the maniacal symptoms passed off.

At the next period a slight return of the mania symptoms.

This was no doubt a cure of hysteromania or nymphomania due to hyperæsthesia of the nerves supplying the uterus and its appendages. The dyscrasia lying latent in her system, it required only some exciting cause for its developement, and this was in all probability due to overtaking a highly sensitive nervous organization by study, living between hope and fear for days, with the thought constantly preying upon the mind, whether she would pass the ordeal of final examination successfully.

It was a very interesting case to me, being particularly interested in insanity, and nervous diseases. During the six months she was under treatment, she received Hyosciamus, Belladonna, Platina with good nour-

ishing diet, baths, friction, etc. A year and a half has passed, and no symptom of mania has manifested itself during the period, although I would not be surprised if she becomes a victim of insanity sometime during her life.

The obstructive form of dysmenorrhœa usually requires mechanical interference. The calibre of the cervical canal is diminished in most cases, or it may result from polypus, fibroid or flexions. Atresia or vaginal structure may obstruct the menstrual flow and give rise to obstructive dysmenorrhœa.

The pathognomonic feature of the membranous form, is the expulsion of a membrane which resembles the decidua.

Authors disagree upon the etiology of the disease, and the true pathology is not definitely known.

"Simpson says, it is an exfoliation or desquamation of the uterine mucous membrane, for which no cause can be assigned."

Others called it a diphtheritic exudation from the endometrium as a result of endometritis. The pains of this variety are expulsive in character and usually commence with the flow, tendency to menorrhagia. The pains may last until the exfoliation is cast off. By the microscope the cast has been found to resemble the decidua-*vera* of pregnancy.

It can be distinguished from blood cast, as there are no elements of mucous membrane in blood cast. Differentiated from exfoliation of the mucous membrane of vagina, as a result of epithelial vaginitis.

The disease is not common, and diagnosis not easy or certain, as it may be confounded with conception and abortion.

One case occurred in my practice, in an unmarried woman, aged forty-

three, accompanied with metrorrhagia. Had been under allopathic treatment taking large doses of "Squibb's extract of ergot."

At different times during her menstrual life membranous shreds, had been thrown off from the uterus, specimens of which she had preserved in alcohol.

Her general health improved under Cinchona, and at one of her menstrual periods, when suffering intensely, profuse hemorrhage, so that I insisted upon the dorsal position, a membranous cast was expelled from the uterus.

To satisfy my own mind, as well as that of the patient, I had it examined by an eminent physician of Boston.

Perhaps it would be well to state here, that this occurred during the time I was resident physician at Wellesley Female College. The patient was a teacher there. I give an extract from his letter. "The specimen you left for microscopical examination, presented a triangular appearance, with three openings and small perforations here and there, soft to the touch, and irregular, the inner surface feels like mucous membrane.

It is no doubt a true membranous cast of the uterus.

I examined it carefully and feel positive of my diagnosis."

Borax was the principal remedy, using it locally as an injection, as well as giving it internally.

Borax was suggested to me, by reading an article on membranous dysmenorrhœa in *State Trans.* vol. x, p. 270, by Dr. Throop.

Nearly two years have passed and there has been no return of the hemorrhage, no shreds of membrane have been noticed at the period, which is now irregular as to its appearance.

Her general health has improved, Lachesis has been prescribed for climacteric symptoms.

As regards the treatment of dysmenorrhœa no special rule can be adopted. But it is very important to differentiate the different varieties of dysmenorrhœa in the treatment. It requires skill, patience and study, and even then after months of treatment, our hopes prove futile by the return of the same condition as before treatment.

Diversity of opinion prevails in the medical profession as regards topical applications, in the treatment of uterine disease in general.

Some claim that almost any form may be cured by internal medication alone. A great deal may be accomplished by constitutional treatment, but there are many cases that require some mechanical interference. Where there is stricture of the cervical canal, great benefit may be derived, either by sudden dilatation or gradual.

Some prefer the former method, which no doubt is preferable in many instances. In surgery all mechanical appliances are used, local and constitutional are combined.

There are physicians who treat syphilis by the endermic method.

If absorption is curative in those cases, why does not the same principle hold good in gynæcology?

As a rule, I think we do not pay enough attention to hygienic and dietetic habits, in treating dysmenorrhœa, or in fact any form of uterine disease.

Good nutritious diet, baths, friction, with proper exercise, are valuable auxiliaries, and have a direct tendency to restore lost tonicity and re-energize the nervous system, and greatly facilitate the treatment.

Hot douches will afford relief in the congestive and inflammatory variety, repeating them every day, for at least ten days before the period,

using the injection from ten to fifteen or twenty minutes at a time.

In some cases, I have the injections medicated with the same medicine that I use internally, and I have proved its salutary effect to my entire satisfaction.

Of internal remedies *Cocculus* I have found a very important remedy in dysmenorrhœa, accompanied with hemorrhoid, sharp pain in the pelvis producing faintness, flow scanty or profuse, great weakness is characteristic of *Cocculus*, useful in the neuralgic form. Gastric symptoms are present if *Cocculus* or *Puls.* is of benefit. Not useful in the ovarian type. It has some menstrual symptoms similar to *Carbo Animalis*, and *Alumina*.

In *Carbo animalis* the patient becomes so weak and exhausted she is scarcely able to speak; numbness and violent pain in the loins; leucorrhœa acrid, staining the linen yellow, similar to iodine. In *Iodine* the leucorrhœa is always worse during the menses, and has weakness on ascending stairs.

Alumina has the weakness after the menses, and if accompanied with constipation, and difficulty in passing a soft stool, owing to the dryness of the mucous follicles, is a very useful remedy.

Kali carbonicum in the inter-menstrual form, occurring a week or ten days before the period, with stitching pains in the back and uterus, pains in the chest, right side; neuralgic pains in face; headache in the morning. During the menses, great lassitude; pruritus accompanied with eruption; flow scanty.

The pains in the chest similar to *Conium*, except in *Conium* there is vertigo, particularly lying down, and induration of the os-uteri, with swelling of the mammae, pain in left side,

aggravations at night, relieved by motion.

In Kali ear. the uterus is often œdematous.

Aconite is a remedy that I think is often overlooked in dysmenorrhœa. Marked benefit may be derived from its use, in the congestive and inflammatory form, with cerebral congestion, in plethoric young girls, accompanied with epistaxis; uterine pains with desire to bend double, similar to the colic pains of *Colocynth*, which are relieved by pressure, but in *Aconite* no matter what position the patient takes, there is no relief from the pain; the patient moans, and is restless. Menses are scanty, but of too long duration.

Leucorrhœa is tenacious, profuse and offensive.

Belladonna, *Actea racemosa*, *Caulophyllum*, *Pulsatilla*, *Viburnum* and various remedies are found useful.

We have to individualize and study our cases, as some forms of dysmenorrhœa are very obstinate to treat, and require patience and skill to eradicate the abnormal condition of the system, and perfect a cure, and even then the least exposure, during the period, as getting the feet wet, &c., will bring back the disease.

A SEVERE CASE OF LUNG TROUBLE TREATED SUCCESSFULLY.

C. H. VIEHLE, M. D.

Freelandville, Ind.

On Jan. 11th, 1879, I was called to see C. C., a man of about 44 years old. He had been in bed for about ten weeks, as I was told. Had at first had pneumonia (crouposa) for which he was treated by two Allo-

paths, and though he did not succumb, had not recovered.

At the time I was called, his former physicians had given up all hopes of effecting a cure; told him that he could not live longer than about two weeks; and that no doctor in the world could cure him for he had consumption.

When I arrived I found his description as follows: Dark hair, dark complexion; emaciated; pulse 120 p.m., and small and weak. An almost incessant cough, which was hollow sounding, spasmodic. Expectoration profuse and purulent;—he told me he threw up about a half of a bucket-full of matter every 24 hours. He had great pain in left side—in region of lower lobe of left lungs—and there existed a sensation of burning in upper region in front of same side. No appetite; great thirst; scarcely a quarter of an hour's sleep during night, and none during day. Told me that he grew worse all the time. He was indeed so bad, that three or four men were employed in watching every night, as nothing but death was expected.

After a thorough examination I was convinced that the case was consumption, depending on the former acute inflammation in pneumonia. As the lower region of the lung was dull at percussion, and stopped up, and the upper region was the seat of the ulceration, I diagnosed it therefore *catarrhal* consumption.

I had therefore some hopes of curing even though death was predicted by the former physicians, and seemed imminent.

I gave *Ars. 3x* and *Bell. 3x* for five days, at which time I promised to call again (it being about ten miles distant from my office). Before my departure the former physician called in to see how his friend progressed,

and after I had left made a joke at the little medicine I had left, tasted the same and said it tasted like nit. acid, and it would not help him, for neither I nor any other man could cure him.

At my second visit, Jan. 15th, found the man much better. Pulse down to 110 P.M., dulness not so bad; cough and expectoration lessened; expectoration not so purulent as before. Gave now Sulphur 3x and Calcarea hypophosphis 1x.

Third Visit, Jan. 22d. — Found him decidedly better. Does not cough much; expectoration nearly ceased. Pulse down to 100 P.M. Gave Lachesis 15th and Lycopodium 5x. After the lapse of one week from my first visit Dr. F., his former physician, had called to see how he was, and after examination had pronounced him much better, with the remark that it seemed that "little medicine" helped him.

Fourth Visit, Jan. 30th. — He is much better. Pulse about 85 P.M. Respiration, which had been very rapid, was now only 26 P.M. Very little cough and expectoration. Some dryness in throat at night. Gave Lachesis 15th and Bell. 3, Hypophos. of Calcarea 2x for two weeks.

On the 14th of February received word as follows: Better in every way. No cough at all; is up all the day; appetite good; but feels a little soreness in lower region of left side. Gave Lycopodium 3x for two weeks.

Feb. 24th. — About same. Sent him Phos. 5x and Kali Hydrodicum 2x.

Fifth Visit, March 10th. — He has pain in region of back and kidneys; some cough; pain in left side, but no fever. Pulse 75 P.M. Gave Hypophos. of Calcarea 2x and Bell. 3x. From this time up he felt entirely well, with the exception of a little

cough, about the 8th of May, which was checked by Bell. 3x.

Up to this date, Jan. 28th, 1880, has had no relapse of the trouble.

In conclusion I wish to call attention to the following points:

1. Success of Homœopathic treatment will always do more towards converting people to a belief in our school, than volumes of written advocacy. This cure, too, brought many others under my care.

2. The decided change from the first application of the Homœopathic remedies.

3. The gradual but steady reduction of the pulse down to the normal standard.

4. Steady lessening of the expectoration and cough.

5. Homœopathy may succeed, and we may in many cases have hopes to cure, where patients are given up by Allopaths.

FELON TREATED BY COMPRESSION.

BY

C. W. SCOTT, M.D.,

Lawrence, Mass.

On the 20th of December, Mrs. C. came to my office, suffering extremely from a felon situated on the second finger, between the first and second joints.

It was the third day since she first felt the peculiar burning, "thistle pricking," throbbing pains, and the past night had been spent in high fever and sleeplessness.

Being of a very nervous temperament and having a mortal dread of the knife, she begged that some course of treatment might be given

which would be speedy and yet avoid the necessity of using the lancet.

Then there was considerable swelling and unequivocal indications that pus had already formed.

Under the circumstances I concluded to try the effect of bandaging, using for that purpose a rubber band, about half an inch in width.

All the distressing symptoms were greatly relieved after a few hours; the bandage was kept on about sixteen out of the twenty-four hours, for three consecutive days, when every vestige of the trouble had disappeared.

The bandage was removed at intervals, only because it interfered with her household duties, being replaced and continued, as much of the time as the circumstances would allow. After the first twenty-four hours the pain was insignificant.

AGUE.

H. W. TAYLOR, M. D.

Crawfordsville, Ind.

Of all the diseases that come up continually to renew their irrepressible conflict with the doctor, none fills him with such genuine distrust of all sublunary things as that Banquo's ghost of the Wabash—ague.

I am often called upon to smile aloud while perusing some Eastern man's ideas of "treatment of intermittents." Of course he never saw an intermittent—a real ague—a blood-curdling, teeth-grinding "shakes." Well, no; because he never lived on the Wabash and its gentle tributaries. The things he has seen and cured with Ars. 20, Nat. mur. 200, Puls. 30th and Nux 3d have been brazen frauds

—mere base, shallow imitations of the genuine article—as much like a real Wabash ague as a sea-crab is like a simoon.

"The ague" is a creature that has gotten Homœopathy more falls than favors, more blows than blessings.

An old lady, a patient of an eminent Homœopath, said to me recently:

"Homœopaths beat the other school in all but one thing."

"What may that be?" I asked, naturally enough.

"Ague."

"Well, we can beat them on ague, too," I answered, stoutly, for my school. And I said no more than I meant.

At first, eight years ago, I tried many remedies with indifferent success. Quinine had to be resorted to—if not by me, why, by some one else—and that in a majority of cases.

I made one good cure with Arsenicum 3dx. Two powders did the work. Then I suffered many defeats for this one victory.

Finally I stumbled upon the ethereal solution of Chinoidine—called "chiny-dian" by the natives and druggists.

With this I could manage all my agues reasonably well. A saturated ethereal solution, five drops every hour, given *persistently*, will, I verily believe, cure the oldest ague in the world. It is bitter enough to make even a candidate quit "shaking" hands. A few cases will illustrate.

Joe Davis, æt. 18, son of a wealthy farmer, has had quartan ague for four years, interrupted sometimes for two weeks with large doses of Quinine. Ethereal solution Chinoidine, five drops every hour during day. Two more chills, then cure. Directed the medicine continued once every three hours *for four weeks*. Why? Be-

cause, had he left off, the old thing would have "come back," as they say on the Wabash.

Geo. Mattox, æt. 24, ague two years. Bloodless; eyes and legs much swollen. Some "regular" has "wore him out" on quinine, and then filled him up with Fowler's solution. Chinoidine eth. sol., five drops every hour. Had no more chills, but had a diarrhœa that lasted three weeks. Did the chinoidine make it? Maybe. But the diarrhœa was the lesser evil, and the patient was satisfied.

John Tolon, farmer, æt. 46, tertian ague one year. Chinoidine cured in a week.

James Davis, farmer, æt. 38. Quartan ague sixteen months. Chinoidine, as usual, cured after three chills.

Captain W. J. McCloskey, æt. 42, quartan three years. Wife, æt. 36, quartan two years. Chinoidine, as usual, cured after four chills each.

D. A. Bennett, farmer, æt. 30. Quotidian six months, tertian three months, quartan six months. Chinoidine cured after one chill.

John N. Miller, farmer, æt. 46. Quartan three years. Chinoidine, as usual, cured after two chills.

Jerry Douglas, farmer, æt. 50. Quartan three years. Chinoidine, as before, cured after one chill.

I take no account of accessory or concomitant symptoms. They amount to little on a Wabash ague, however they may influence in the East.

I met some cases that the chinoidine failed upon—rare cases, indeed. One, an Irishman with an irregular ague—two chills to-day, one to-morrow, none the next three days, then one every day for a week. The Chinoidine suspended the shaking for seven weeks; but, after leaving off the remedy for two weeks, he went at the interrupted employment and changed doctors.

I learned an important thing in this palliative treatment of intermittents. After "breaking up" chills the remedy must be given three or four times a day for three weeks in a recent case. In older cases the remedy should be continued one additional week for every three months of the "siege." Thus, a case that has lasted two years must take medicine about three months after recovery. With all this medication there should have been some accumulated "provings," but they are lacking.

From a careful review of my journal from 1872 to 1880, I have the following grouping:

| | |
|--|-----|
| Cases of intermittent fever..... | 810 |
| Acute or recent..... | 536 |
| Chronic..... | 274 |
| Over one year..... | 39 |
| Over six months and under one year..... | 123 |
| Over three weeks and under six months..... | 112 |
| Cured with ethereal solution of Chinoidine..... | 790 |
| Cured with Arsenicum, 3d to 6th. | 14 |
| Cured with Potassic Chlorat, crude, large doses..... | 3 |
| Cured with Tinct. Iodine..... | 2 |
| Nux 3d..... | 1 |

I am sorry to say that I have not a cure to report with a "high dilution." I have given Arsenicum 30, Nat. mur. 30, Pulsatilla 30, Cedron 6th, Sulphur 30, Phos. 30th, Rhus tox 30th, etc., but always, I presume, without the proper indications.

As a matter of fact, the proper indications for high dilutions are hard to get on the Wabash. I have used up two ounces of 30ths of the remedies mentioned above without satisfactory result. I have found that under the palliative treatment by quinine (and by Chinoidine as per my method), it makes no difference whether there is thirst before, during

or after the chill; whether there be sweat after or before the heat, or whether heat and chill alternate, etc. These things are of minor moment. Your regular cures a recent ague with Quinine. I cure recent and "chronic" with Chinoidine. The regular makes their heads hum with Quinine. Chinoidine doesn't.

CHELEDONIUM MAJUS.

GEO. B. PALMER, M.D.,

East Hamilton, N. Y.

In the treatment of pneumonia, as it occurs in this latitude, it seems to me some of our homœopathic physicians neglect, or overlook one of the most important remedies in our materia medica—I refer to *Cheledonium maj.* In very many of the cases of this disease which have come under my care in the last twenty-five years, I have found the remedy to meet the indications in a marked manner, especially in *infantile pneumonia*, or when there are marked bilious indications (sometimes called bilious pneumonia). In looking at the pathogenesis of this remedy as given in Allen's Encyclopedia, one cannot fail to be struck by the resemblance to the disease. I have not space or time, nor is it necessary to recount the symptoms given, but any one who will carefully read what is given under Respiratory Organs—Cough, Voice—Expectoration—Respiration, &c.—cannot fail to recognize the vivid picture of this disease. I would not make a hobby of this or any other remedy, and certainly would give due regard to Acon., Phos., Tarter. em., &c.

I recognize their importance in this disease, but still hold the opinion once expressed by Prof. J. S. Douglas, of Milwaukee, in a lecture on this remedy: "That in pneumonia, *Cheledonium* was in very many cases a remedy of far greater importance, even at the beginning of the disease, than either Acon., Bry., or Phos. I am aware that many physicians know its value; but I am also aware that there are many of our school who very seldom think of it as applicable to this disease, and it is to call the attention of such to what, I think, will often help them in a bad case, that I write these few thoughts.

There is another condition where I find no other remedy to serve me so well, and that is *infantile jaundice*; no other remedy has been so successful in my hands in this disease, as well as in Icterus in the adult, where the disease was evidently not due to mechanical obstruction of the duct. I earnestly desire to invite the attention of physicians to this remedy, as I believe it has not received generally the attention to which it is justly entitled.

HOUR GLASS CONTRACTION.

ROBERT BOOCOCK, M.D.,

CORAL GABLES, N. Y.

Dr. A. B. Rice's case of hour glass contraction of the womb reminds me of a case which came under my care on January 1st this year. The womb in labor 15 hours, no energy, and a terrible cough, good presentation, but from lack of energy, delay and the usual remedies failed for 12 hours, 3

P.M. the child was born—an eleven-pound baby. The woman on her knees when delivered, 13 hours after being called. This was a case where if ever the forceps are needed would have helped her sooner, and once proposed to use them, but have never yet used them in nineteen year's practice, and advise now as before exercise patience.

No sooner was the baby born than such a flooding followed as I have never seen before. I placed a chamber under her, and in a few minutes it was half full. I got her on the bed, and I made traction on the cord in hopes of drawing down the placenta to stop the flow. Had the baby put to the breast, and it took hold well; this will in every case stop the flow, and it did now. But from some cause the placenta could not be felt to move; and fearing to lose time, supposing that I had an adherent placenta, placed my hand in to force it away, when I found the lower part of the womb open, but the upper part holding the placenta, and a tight contraction about the middle. I gradually first with index finger dilated, and after a few minutes got the rest of my hand beyond the contraction, though I felt it nip round my hand. After feeling all round the placenta, and finding no adhesion, I got it well under my hand and drew all out together. The placenta was perfect. Bound up the woman, leaving China, as I always do; it helps to clean out the womb of any clots or shreds, and tones up the system. The woman made a good recovery in spite of the cough.

I am satisfied that if the placenta had not been at once grasped, it might never have come away, only as it purified, and before that the woman would have been dead.

This may not help Dr. Rice, but it

may call out some further cases, and we may get more light.

This woman two years ago I attended, and she never had a pain in the right place. All her pains were in her head. The womb was properly dilated, and the child was taken away by the hand. I fear insanity, but she has been free from headache ever since, and now is over this other affair, and as well as ever. This is her sixth child.

And now, gentlemen, what could I have done more?

I fear the hour glass contraction was caused by the woman. Whenever she had a chance she would press on the abdomen. I cautioned her against doing so. That is a mere opinion.

SOME OF THE DIFFICULTIES MET IN THE PRACTICE OF HOMŒO- PATHY.

BY

L. C. HUNTER, M.D.

Wabash, Ind.

I have often wondered whether other practitioners had the same difficulties to overcome in making choice of a remedy that I have had. We are sometimes encumbered by the great wealth of resources contained in our *Materia Medica*, and by that very superabundance of means at our command, we are led into difficulty in making the proper selection.

The cases which have always given me the most anxiety are those which have symptoms that are equally characteristic of several remedies, and have no symptoms which are decisive. Father Hering will probably say, "There are no such cases." That

may be true for him, but unfortunately for the afflicted we are not all as learned as he.

Your patient may be dangerously ill; you feel that perhaps a life depends upon the selection of the proper remedy,—and you have several remedies which seem equally indicated. It is then we need the help of just such a man as the venerable Hering.

I have a case now of *Scarlatina anginosa*, where *Merc. prot.*, *Aurum triph.*, *Rhus tox.*, *Lach.*, *Apis mel.*, and *Calc. carb.*, and perhaps others, seemed to be about equally indicated. There were really about as many and as important symptoms of any one of these remedies as there were of any of the others, at least so it seemed to me. *Merc. p.* and *Aurum* had both been given before I saw the case, but I felt sure that *Merc. p.* was the remedy, and persisted in giving it. As the patient was eighteen miles distant from my office I could not give it the attention I would like to have done, hence my anxiety to make the best possible prescription. Two days afterwards I saw it again, and found it had grown steadily worse. I then thought that *Rhus* and *Lach.* were about equally indicated, but which should I give? After a long and careful study of Johnson's *Therapeutic Key*, and Hering's *Condensed M. M. I.*, I was unable to decide between them, and gave both in alternation, with apparent benefit.

I do not like to alternate, but it seems impossible to avoid so doing sometimes. Alternating remedies has in my hands without any doubt many times given satisfactory results. My patients have recovered (*Q.E.D.*). But whether that recovery was due to one or both of the remedies, or to unaided nature, this deponent saith not. I was, however, satisfied to get out of

the dilemma with a good reputation.

The hardest trial I think I ever had in my life was last autumn, with my only grandchild, who was attacked with *cholera infantum* in the latter part of September, and for six weeks the case seemed uncertain which way it would terminate. I had no one to assist or advise with me of my own school, which made my responsibility and anxiety the greater. During the whole of its illness, from four to a dozen remedies seemed to be indicated at the same time. I spent hours every day in studying *Bell.*, *Hering*, *Lippe*, *Jahr* and everything else in my library which had any bearing on the subject, only to throw down the books in despair, wishing that I was a respectable boot-black instead of a doctor. My allopathic confreres kindly advised a resort to their favorite methods of treatment, but thanking them for their kindness I declined to follow their suggestions, saying that as I had been administering homœopathic remedies in other people's families for many years, I could not consistently turn my back on my principles when it came so close home. I am happy to say the child recovered its health perfectly.

I have now made my confession of ignorance; was any one else ever similarly confused?

A SINGULAR CASE OF HYDROPHOBIA TREATED SUCCESSFULLY.

BY

SAMUEL R. DUBBS, M.D.,

Doylestown, Penn.

During the past forty years of practice I have been very anxious to see a case of hydrophobia; but never

have had that desire gratified, either from the exclusiveness of the allopaths in attendance, or the squeamishness of the family.

Little did I think that my desire would be satisfied by having a case in my own household. It happened this way. My son Howard, aged 32 years, whilst pulling down fodder from the stack, was bitten by something on the index finger of the right hand, midway between the second and third joints, on the morning of the 17th of March, 1879. He merely rubbed it at the time with his left hand, and finished his morning's work. When he came to the house he told me about being bitten by a rat or something in the corn fodder stack, so I looked at his finger, laughed, and said it was only a slight wound from the point of a corn stub. I knew there were rats in the stack and skunks in the woods a few yards off, still I spoke as I did for fear of alarming him. At dinner he said his finger ached a good deal; but as he ate heartily and enjoyed his meal, no one at table thought anything more about the bite. In the afternoon he went to Doylestown, a mile and a half distant, and on returning towards evening, and doing his work about the barn, he came to supper saying he felt sick at the stomach and had a headache. I at once inquired about the finger, and he said it ached with a pain like a toothache, and throbbed some. His mother put a bread and milk poultice on the finger, with some weak arnica water mixed with it. This was renewed several times up to 10 P.M., and I gave him two doses of Arnica 2x followed by two doses of Aconite 3x an hour apart.—At this hour he complained of feeling cold, and shivered. He desired to go to bed, and we helped him up to our own room, as there was a fire

there, and his mother wished to heat up the poultice. He sat down beside the bed and remarked he felt very sick, and his head sank on the bed. His mother suggested that he had better take the rocking chair, and with our assistance he rose to walk to the chair; but in the act of sitting down he was seized with a spasm, and frothed at the mouth. We gently laid him on the floor with a double pillow under his head. His lower limbs were drawn at right angles with such tetanic rigidity that with all our united strength we could not unbend them in the least, and afterwards when he straightened one, his mother thought she would put the other beside it; but it was impossible, neither could she bend the one which he had straightened. He ground his teeth fearfully; his eyes were tightly closed with twitching at times. I forced open his mouth and gave him a dose of Belladonna 3x and repeated the same in fifteen minutes. Before he took the medicine, and whilst I was trying to administer it, he bit at me repeatedly. After taking the second dose of Bellad. he broke out in a profuse cold sweat over his forehead and face; had convulsive shudders in the upper part of his body, the pulse barely perceptible at the wrist, and the gnashing of the teeth still continuing with constant inclination to bite any one going near him. We sent for assistance and during the interval he was several times convulsed from head to foot, his rigid limbs straightening out and being drawn up again with great force: his eyes still closed, forehead cold, pulse barely felt either at the wrist or heart, the grinding of the teeth fearful to hear, and being powerless to give any relief made the case exceedingly harassing to my feelings, and I prayed to God that help might arrive before

the last death note sounded. The Bellad. having no effect, a dose of Arsenicum 6x in pellets was placed on the lips and tongue. This had no effect and the convulsive throes and other symptoms continuing unabated, I went down to my office, got a pair of thick gloves, and a bottle of Stramonium 4 x and one of Gelsemium 3 x. I mixed 40 drops of the former with half a tumbler of water with a small portion of old whiskey and gave him at once a teaspoonful by throwing it in his mouth as he was about to snap at the spoon. At this time he was pulseless, and as I feared life would soon be extinct the Stramonium 4 x was repeated every five minutes; sometimes throwing two or three spoonfuls into his mouth at a time to be assured he got at least one teaspoonful. In fifteen minutes the convulsive motions ceased, still the lower limbs were rigid and the grinding of the teeth and biting continued. At times he would open his mouth to its utmost and then close it with such a snap as made dents on the teaspoon.

The medicine was given at 5, 7 and 10 minute intervals until midnight at which time the pulse had returned and all the horrible symptoms succumbed to the numerous and powerful doses of the Stramonium. As the last symptom yielded he gave a long sigh, turned his head to one side and immediately went to sleep. At 12½ o'clock when Dr. Wright from Doylestown arrived he was still sleeping quietly. About 1 o'clock A. M. as we all stood looking at him he aroused and spoke to the doctor, being much surprised to find him and our neighbor in the room. As a matter of course, Dr. Wright came too late to see the symptoms, so as to give an opinion as to whether it was a case of real hydrophobia or only a case of hydrophobic tetanus. For my part I

incline to denominate it the former, for in the latter the snapping and biting would have been absent. The patient took the Stramonium several times through the night and the next day, the 18th, every 3 hours. On the 19th on examining the wound the back of the right hand was swollen and erysipelatous with a bright red streak up the arm. The sore was open but without any pain. Gave Bellad. 2 x every 4 hours. 20th, no change, so gave Gelsemium 4 x every 3 hours. 21st. Better; redness and swelling nearly gone. Continued the same medicine every 6 hours. 22d. Improvement continued. All medicine now discontinued and from this date the patient's good appetite and strength returned, and his general health has remained good, not having been sick a day since up to the present date.

SCARLET FEVER.

BY

J. I. DAVIS, M. D.

LEAVENWORTH.

For the HOMŒOPATH:

We have had a very severe epidemic of scarlet fever in Evansville, during the year 1876. The city schools had to be closed by order of the Board of Health, for a portion of the time of its prevalence, and no child a member of a family in which a case of the disease occurred, was permitted to attend the public schools for fifteen days after the recovery or death of the patient.

Homœopathic treatment here as elsewhere proved its superiority in the treatment and management of persons attacked with this disease, and this resulted in making converts even among its most bitter opponents.

The prompt remedies used here by the physicians of our school were Bell. and Merc. proto iodide during the first and second stages of the disease, and often during its whole course.

These controlled the disease and at the same time prevented swelling of the glands, as well as the other symptoms indicating throat disease.

Whenever there were any symptoms of disturbance in the redness, indicated by albumen or dropsical effusion, with or without rheumatic pains, Apis and Arsenicum sufficed to remove the symptoms quickly.

Lachesis also was used with very happy results when the skin presented a remarkably rough and raspy appearance.

When diphtheritic complications occurred, they were soon overcome by a few doses of Merc. cyan.

Our opponents were surprised at the remarkable success, and small death-rate that attended the Homœopathic treatment during the fearful epidemic through which we have passed.

VACCINATION.

BY

E. RUSHMORE, M.D., Plainfield, N. J.

and

C. HERING, M.D., Philadelphia, Penn.

DEAR EDITOR—Could you better promote the proposed examination of the so-called merits of vaccination than by publishing in the HOMŒOPATH the enclosed letter from Dr. Hering. Being myself a disbeliever in the propriety of vaccination, I should be glad to see the subject discussed.

Would not the statistics on the en-

closed leaflet also be instructive to publish?

Yours very truly,

EDWARD RUSHMORE.

HOW VACCINATION HAS INCREASED INFANT MORTALITY.

[From the Registrar-General's Return, entitled "Vaccination Mortality," No. 433, session 1878, ordered to be printed by House of Commons.]

Average number of deaths per annum of infants under one year from 15 specified diseases which are inoculable, or intensified by vaccination. PRIOR TO VACCINATION ACT—1847—1853.

Infants died, 1847, 62,219, out of a population of 17,927,609.

VACCINATION OBLIGATORY — 1854—1867.

Infants died, 1854, 73,000; 1867, 92,827, out of a population of 20,666,224.

VACCINATION ENFORCED—1868—75.

Infants died, 1868, 96,282; 1875, 106,173, out of a population of 22,712,266.

Thus, while the population of England had increased from 18,000,000 to 23,000,000, the deaths of infants from 15 diseases had risen in the same period from 63,000 to 106,000. Had the mortality kept pace with the population, the deaths in 1875 would have been only 80,000; that is to say, in 1875 there perished in England 26,000 infants, who would have lived had vaccination been as little in vogue as in 1847.

Out of 80,000 small-pox deaths given in this return (No. 433), 43,000 were under 5 years of age, when vaccination (enforced by law) is held to afford perfect protection.

HOW VACCINATION HAS "STAMPED OUT" SMALL POX.

Vaccination was made compulsory by an Act of Parliament in the year

1853; again in 1867, and still more stringent, 1871. Since 1853 we have had three epidemics of small-pox, each being more severe than the one preceding.

| Date. | Deaths from Small-Pox. |
|------------------------|------------------------|
| First.....1857-'58-'59 | 14,244 |
| Second....1863-'64-'65 | 20,059 |
| Third....1870-'71-'72 | 44,840 |

Increase of population from first to second epidemic, 7 per cent; increase of small-pox in the same period, nearly 50 per cent.

Increase of population from second to third epidemic, 10 per cent; increase of small-pox in the same period, 120 per cent.

Deaths from small-pox in the first ten years after the enforcement of vaccination—1854 to 1863, 33,515; in the second ten years—1864 to 1873, 70,458.

[From Vital Statistics, No. 1. A letter to the Rt. Hon. G. Sclater-Booth, M. P., by C. T. Pearce, M. R. C. S. February, 1877.

LETTER OF DR. CONSTANTINE HERING.

Having received an invitation to give an opinion on the "burning question of vaccination," I hasten to comply; of course, from the stand-point of a physician who for more than half a century has belonged to the school of Hahnemann. In every edition of his "*Organon*" he quoted Jenner's vaccination as a fact corroborating the law *similia similibus*. His followers, never adhering blindly to the master's words, had already in 1831—that is, during his life—declared in their main journal that vaccination was a poisoning of the blood. (See Stapf's Archives, vol. 10, page 27.) In this journal the present writer published the following in 1831: "If potentized serpent-venom acts when taken internally, why should not po-

tentized small-pox virus do the same? Chemistry furnishes no explanation why the former produces instant death, paralysis, gangrene, atrophy, &c., and the latter, the disease called small-pox; both animal secretions, acting as ferments when absorbed into the system, produce violent symptoms: in so far they are similar. Now if potentized small-pox virus does produce an effect, it is probable that this effect bears the same relation to the inoculated virus as does the potentized serpent-venom to that which is inserted by the poisonous fang; they will be very similar, and have but this characteristic difference, that life will re-act against the potency, which it cannot do against the inoculated virus. If this be true, we should find a preventive, perhaps also a curative remedy for small-pox, which, if it will not give immunity for life, will yet be of great value.

"I am aware that we have Jenner's preventive, but it should be regarded as merely an expedient to be used for want of a better. I have more than once plainly seen and often heard of cases where children remained ailing from the time of vaccination, who were previously in robust health. If this occurred with but one-tenth the number of cases, or even less, it were sufficient to call up the wish for a better preventive. A homœopathic physician need but be reminded of the size of the dose, and the non-curing or preventing, in this case of a disease by a light and transient drug-proving; while, in Jennerian vaccination, there is the production of a real contagious disease, acting by zymosis or fermentation in the blood, thus endangering the organism, and resulting only in making the system less liable to, not proof against, the disease."

"Attention must likewise be called to the possibility of inoculating other

diseases, such as itch, scrofula, leprosy, phthisis, syphilis, &c., and thus producing a complication of trouble difficult to overcome."

While the progress of our school has led us to much more certain preventive, and also to an easy and certain and safe cure, the old school lost sight of Jenner altogether, and entirely forgot that the cows had also other diseases of the udder; and they lost sight of the only true origin of the true preventive cow-pox, according to Jenner, and later Schönlein, in a peculiar disease of the horse's feet, generally mistaken, and one not known to any of the vaccinating doctors. They went on vaccinating from arm to arm; and finally by the scabs, which often contained rotten and putrified animal matter.

If it had been a poisoning even with the very best real cow-pox, it now became a poisoning of nearly all children with the most horrible diseases; many even were murdered, and an infinite number poisoned for life.

And small-pox epidemics appeared under the title of varioloid. It is, no doubt, an intolerable tyranny to compel vaccination by law. We are glad to be able to quote the words of a real statesman, the Count of Zedtwitz, who writes in a popular journal on Homœopathy: "Whether vaccination be useful or injurious, the subject of contention between men of science has very little to do with the question of compulsion. This can only be determined by the convictions of the individual, which should be as inviolable in the domain of medicine as in that of religion or politics; and coercion in this direction, which amounts to producing an artificial disease by bodily injury, can indeed be called nothing less than tyranny."

Statesmen say it is their duty to enforce vaccination, in order to pre-

vent others of their dear subjects from being reached by the contagion. We know that every case of small-pox has great power to infect others; even the clothing of patients who have had small-pox may spread it in districts perfectly free from it before. This being certain, there can be no doubt about the right. Nay, more than this, the duty of every Government is to separate such sources of disease—to cut them off from all communication with such as are not sick. The very strictest measures are not only allowable, but justifiable, in case of small-pox, since there is no doubt at all about the diagnosis, and no doubt about the danger of contagion, and no doubt about the practicability of separation. We have even ample time to decide, since small-pox is not contagious in its first stage; but the danger begins, without exception, when the crusts are formed; and of course the separation ought to be continued until the last scabs are gone and a purifying hot bath has been gone through, and there has been a thorough disinfection of the clothing. We can illustrate this by a fact.

Dr. A. K., practising in Stuttgart (Wurtemberg), discovered in his youngest daughter, a child of less than one year, who had not been vaccinated on account of teething, after a feverish night, the beginning of small-pox, and the next night he found the same symptoms in himself. He submitted immediately to the separation, and went with the child into the garden partition of the hospital, where he remained three weeks. There were at this time single cases, but no epidemic.

In the whole range of epidemics there is none whose spread can be arrested with more certainty than small-pox.

In the winter of 1871-1872, after

the discovery had been made that the sulpho-cyanate of potash always disappears in the saliva with the beginning of small-pox, and reappears in the pus of the pustules, Dr. A. Korn-doerfer, of this city, observed that workmen in factories where the potassium cyanide was in use were, as far as discoverable, protected against the disease. Thus, on inquiry, silver-platers made the remark themselves, "silver-platers never get the small-pox." In various places, such as the Mint and laboratories, the same holds good. In laboratories the only ones that were attacked were those that did not use the cyanides. In cases of genuine variola, unvaccinated cases, the cyanogen was lost in the saliva early—the third day—and reappeared late—about the tenth. In varioloid cases it was lost in the saliva later, to a less marked degree, and returned in the saliva much earlier, frequently being absent only one or two days; the lighter the case the more positive it showed in the saliva, and the appearance in the pus was less marked. If it did not return by the twelfth day, the case was fatal on the fourteenth. A weak solution of the potassium cyanide sprinkled on the stairs and in the sick-room of infected houses prevented further contagion. For disinfecting clothing and bedding, Warfield's cold water soap was recommended, which, from its smell of bitter almonds, was supposed to contain the cyanide.

The alcoholic tincture of the pus of the contagious grease—the same that caused genuine cow-pox was prepared by Dr. Bosko, of Brooklyn, as a nosode, and was given by him and Dr. Fellger, of Philadelphia, in all cases of small-pox occurring since, and with the most striking results. The *Sinapis nigra* also containing the

cyanide, proved a most valuable remedy in our practice.

Hereafter there will be no necessity for any vaccination, as we have now a good preventive and a certain cure.

I am, sir, yours, &c.,

CONSTANTINE HERING.

BURSITIS.

Dr. HERRING.

The dates of this case have been mislaid, but the substance is briefly this: On three occasions she came to the dispensary with inflamed bursa of left knee—tense, painful and with the usual subjective symptom of crackling to the applied palm of the hand. Silicea 6x trit. (Keene and Ashwell's) each time helped her, but on the fourth occasion it was not so prompt. She had fallen on the inflamed knee-cap, and got some grease on it. This suggested Apis mel. to me, and on the 3d December it quickly subdued the inflammation, eased the pain and removed the swelling. Heretofore I have used *Stictica*, on the recommendation of one of our *confrères*, but it has not been satisfactory to me. In some nocturnal coughs it is very useful. Singularly beneficial in the healing of ulcers, is the application of Martin's bandage. The action of Belladonna in the healing of an inflamed ulcer, with the aid of the bandage, is in very marked contrast to its slowness without the help. And the comfort and support to painful veins and sores, will make these bandages a great boon to the afflicted. Their expense is, alas! a bar to those who most need them, the poor, whom we have always with us.

(10)
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

Editor.

Charles L. Blumenthal, M. D., U. D.

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless indorsed in our editorials.

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EDITORIAL.

THE HEATON OPERATION FOR THE RADICAL CURE OF HERNIA.

We all know how prevalent the affliction of inguinal, femoral or umbilical hernia is among all classes of people, particularly the first mentioned. Many appliances have been invented and some of them even patented, to alleviate the trouble and suffering of the afflicted. Physicians have generally recommended these trusses, no matter whether patented or not, whenever they deemed them of advantage to their patients. The best known and respected surgeons have endorsed Seeley's and other trusses, verbally and in writing, even in the form of written recommendations. They were perfectly right in this procedure, if they were con-

vinced that the appliance thus recommended would benefit their patients. But how the strenuous advocates of that absurd compilation called Medical Ethics, could reconcile this endorsement of patented articles, with the observance of their code, we leave to them to decide. We who do not believe the code of any practical use or benefit, but hold that a physician, as well as any other person, has a right to endorse anything which he thinks beneficial to his fellow men.

But the great desideratum, a *radical* cure of hernia, has frequently been sought for and attempted, and, as a rule, with some exceptions, without much success. All the operations which have been performed at different times, with this object in view, were always of so severe, bloody and dangerous character that patients generally shrank from the ordeal, and were content to bear their affliction rather than undergo the operation intended for their cure.

We feel it, therefore, a duty to draw the attention of the profession to the new, mild as well as successful method of radically curing hernia, first practiced and recently given to the profession by the late Dr. Heaton of Boston.

The doctor, when first led to practice his method of cure, invited some of the leading surgeons of his school to witness the operation and notice its results; but they treated his invitation as well as his proposed operation, with disdain. He then concluded

to keep his method sacred, and refused to communicate his mode of treatment to anyone.

Of course he was ostracised by the devotees of the code, and stigmatized as a charlatan.

After he had practiced his new operation sufficiently long to satisfy himself that it was a success, he went to England, where he operated in the presence of the most celebrated surgeons of that country. Among them was Sir William Ferguson, who was present during the operation and cognizant of its successful results, and says of it in his work on practical surgery:

"From circumstances which have come to my knowledge, I think it possible that something more than is yet generally known may be done for persons afflicted with hernia. Some years ago I saw in London a gentleman of high standing and character in the United States, who had been radically cured of a reducible crural hernia. I afterwards saw the surgeon who practiced the method, and was promised the knowledge of it, provided I permitted reference to my name, and bound myself to secrecy. I declined such a compact, but offered every other facility which either King's College Hospital or my own position could command. These proposals were not complied with, and I should scarcely have considered myself justified in such a work as this, in taking notice of a professional matter of such importance, had I not been impressed with the idea that the

surgeon in question was strictly honest."

When he returned to Boston he continued to practice his new method, and hundreds who were cured by him bore testimony in their persons to the efficacy of the operation.

A few years before his death, when age had softened down his bitter feeling against his colleagues, caused by the discourtesy with which he had been treated by them, he concluded to give the mode of his operation to the profession, in order that a greater number of the afflicted might be benefited by it.

The instrument used by Dr. Heaton resembled the ordinary hypodermic syringe, only differing from it in shape as regards the point, which he had made flat with holes on each side for the exit of the fluid. This he introduced into the external ring, after having prepared it by manipulation for the insertion of the instrument. He then injected the fluid high up into the canal. After that he bandaged the patient very tightly with a compress over the canal, and kept him in bed for from five to six days.

This is a comparatively painless operation, and rarely attended with any serious inflammation.

The irritant used is simply :

Ext. quercus alba . gr. xxviij.

Ext. quercus alba fl. ʒ j.

Morphia sulphas gr. j.

The operation has always proved a successful one in his hand, and resulted in a radical cure.

We have seen a number of cases of

hernia all permanently cured by it. In our own city Dr. De Garmo has operated on several cases with perfect success, and Professor Helmuth has introduced the practice in our hospital on Ward's Island.

The Germans have of late followed a similar course in their operation for the radical cure of hernia, only differing from Dr. Heaton's process in using alcohol instead of quercus, and in repeating the operation two or three times a week for three or four weeks. The operation being an almost painless one, patients rarely object to the repetition of this treatment, since it also has generally been followed by a radical cure.

Thus has the hitherto barbarous and bloody operation, for many years looked upon as the only one by which to make a radical cure of hernia, passed away.

It is now in the power of any good surgeon to relieve his patients from one of the most prevalent and annoying afflictions, without subjecting them to danger and severe suffering.

We have no doubt the time will come when the once ostracised originator will be blessed as a benefactor and claimed as a brilliant operator by the school which stigmatized him while alive.

REFORM IN ASYLUMS FOR THE INSANE.

We regret very much that the bill for creating a new Lunacy Commission is so very imperfect in all its features and details. It seems to have

been framed only to appease the clamor for reform, which came from every quarter of the State, without a single feature in the bill which promises any real benefit to the unfortunate inmates of these retreats.

It is of very little consequence whether there are three or five additional members appointed to the State Board of Charities to constitute the State Commission of Lunacy, since there is no provision made for a strict surveillance over the individual asylums of the State, and no laws which would make the present state of things existing in many of them impossible.

The salary of the secretary, upon whom devolves the laborious duty to supervise *all* the insane asylums of the State, is ridiculously inadequate. No physician, of sufficient experience and ability, combined with a character above suspicion, could afford to devote all his time, and less would be insufficient, to the duties his appointment would impose for the sum of four thousand dollars a year.

Such a man would readily be able to earn twice or three times as much in a private practice, and a less competent man would make matters only worse.

We do not believe that the old adage, that a half loaf is better than none, applies in this case. If the Legislature cannot give us a law which secures a radical reform, it would be better to leave the condition as it is, than the glaring faults of the present system may be more fully developed from day to day, and thus force a future Legislature to give us what we need, a thorough reform, by means of a system of laws which will make the existing abuses impossible.

REVIEWS AND BOOK NOTICES.

MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES. By Edwin M. Hale, M.D.

The fifth edition of this valuable work is now before us. It is useless to recapitulate what we have said already in a previous notice of this, in our estimation, finished work on Therapeutics.

The fact that a fifth edition is called for, proves the correctness of our assertion made; viz., that it very much facilitates the labor of the practitioner, when he seeks for the most exact remedy to meet the exigencies of a case.

The addition of thirty-seven remedies, with their therapeutical value, enlarges our medical armory, and may suggest a medicine where the previously known and acknowledged ones have failed.

We regret that some of them have not been proven, for that only is the test by which they can be legitimately admitted into the family of homœopathic remedies; but we do not think if they have the clinical stamp, that they ought to be rejected, when the more favored remedies have failed.

We consider this second volume, which treats of special therapeutics, of even more use to the active practitioner than the first; though both should, if possible, be used in conjunction.

No one will regret his purchase, who secures a copy of the Special Therapeutics.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, 1879.

This is a small volume, but full of interest, and contains some choice papers.

Dr. Ad. Lippe discourses well, when he tells how to read and how to use our *Materia Medica*. Would that we could place the paper into the hands of every graduate when he leaves his *Alma Mater*; it would increase the number of true Homœopaths in our school.

The interesting paper of Dr. Charles Mohr, "*Fragaria Vesca*," (the strawberry plant), caused some discussion, because it had not been sufficiently proven, and had therefore only a clinical value. We think the objection not well taken; for while we would always prefer to choose a well proven remedy, we would certainly be thankful to accept one of clinical value, particularly in such troublesome affection as *agalaria*, if it proves efficacious. The paper is interesting, inasmuch as it calls to mind a remedy little known, though we have used it several times with marked success in certain kinds of skin diseases, even as high as the 200th.

"Chronic Nasal Catarrh," is another paper, by the Homœopathic Society of Allegheny County. It discusses the disease thoroughly,—we were almost tempted to say exhaustively,—and contains many valuable hints.

"Rare Sympathetic Ophthalmia," by Dr. W. H. Winslow, will be of interest to our colleagues who are exclusively oculists, though instructive to the general practitioner.

The Society is evidently in a flourishing condition, and in a fair way to make the Keystone a strong landmark of Homœopathy.

THE SKIN AND ITS TROUBLES. D. Appleton & Co. Publishers.

This the seventh volume of Appleton's Health Primers, is like those which preceded it, eminently qualified to instruct laymen, how to take care of

the skin and thus prevent many of the maladies, which owe their origin to ignorance or carelessness.

Books of this kind ought as much as possible be placed in families and they ought to be urged to read them and profit by their contents.

Intelligent persons who are acquainted with ordinary rules of hygiene and the functions of their body make better patients and are more easily cured.

The little volume is neatly got up, and profusely illustrated.

INFANT FEEDING AND ITS INFLUENCE ON LIFE OR THE CAUSES AND PREVENTION OF INFANT MORTALITY; By H. F. Rauth, M.D., M.R.C.P.L. Eleventh volume. Wood's Library.

This work will be of great importance too the young practitioner, and some of the older ones would be wiser if they would take the trouble to refer to it in this very important branch of our profession, and one which is not any too well understood, as will readily be seen by the alarming statistics of the author whose observations have been very extensive both in this country and Europe. The chapter upon the selection of a wet nurse and reasons why such selection should not be made from fallen women is full of interest. The use of Electricity in defective lactation is highly recommended and our Dr. Skinner of Liverpool, is quoted at length on the subject. A formula for food of a Homœopathic chemist of Manchester is also quoted, credit being given to both of these gentlemen. The adulteration of the different kinds of food in use is well investigated and is of real practical value. H.

OUR NEW VISITORS.—The *Hahnemannian Monthly*, though not a new visitor, comes to us under the guidance

of new leaders. It has changed hands, and has now new publishers and new editors.

We regret to lose the vigorous and polished, though sometimes a little erratic, pen of our friend Winslow. He is an able writer and good editor, and did good service to our cause when he first entered upon the duties of superintending the pages of the *Hahnemannian*. We hope he will not let his pen rest hereafter.

We cordially greet our new colleagues, Drs. Farrington and Dudley, and wish them the success which the earnest laborers in our cause deserve, and hope that their subscribers and friends will aid them not only with their purses, but also with their pens.

The publishers and the manager, Dr. Bushrod W. James, deserve a great deal of praise for the style and beautiful type and paper in which the journal appears.

The Clinic, published by authority of the Hospital Board, Chicago. This new candidate for the patronage of the profession, intends to devote the contents of its pages exclusively to clinical medicine, which, though a subordinate branch in our school, deserves that at least one journal should devote its energies exclusively to its cultivation. Success to the enterprise.

THE LAWS OF LIFE AND JOURNAL OF HEALTH. By Fanny B. Johnson, Dansville, N. Y., is welcome to our exchange table.

THE OBSTETRIC GAZETTE. Cincinnati, Ohio.

The second number of the seventh volume of this journal has strayed to our table. If it comes as a claimant for an exchange it is welcome, and shall have it. It contains a great

many good things in its line. Its queries and answers and abstracts constitute excellent and prominent features.

THE PHYSICIANS' AND SURGEONS' INVESTIGATOR. S. W. Wetmore, M.D.,
Editor, Buffalo, N. Y.

This is a new journal, edited by the Faculty of the College of Physicians and Surgeons, Buffalo, N. Y., and intended to be the exponent of their mode of teaching what they have chosen to call modern Homœopathy. We regret that they deemed it best to adopt a new name, which, to a certain extent, by their own act separates them from the great body of our school. Homœopathy is a liberal school, and tolerates within its borders great latitude of opinion in the individual, as long as he does not deny its fundamental principle and doctrine, *Similia Similibus Curantur*. Hence there is no necessity for a new name, if those who adopt it desire to remain within the pale of our school. The claim that the modern school of medicine is rational Homœopathy implies that there is an irrational Homœopathy, a supposition which we deny. Homœopathy is truth. There can be no irrational truth. We trust they may find it best to remain simple Homœopaths, with all the liberty and liberality which that name implies.

In the meantime we welcome our new colleagues to our ranks, and cheerfully place their journal on our exchange list.

CONGESTION OF KIDNEY.

BY

DR. USSHER.

One lady has severely recurrent attacks, beginning with a chill, the in-

variable antecedent, and generally traceable to cold or over-action of the body. In this case there has been albumen in quantity when there has been no blood in the urine; and Acon. 1x for a few doses gave wondrous help; then her usual remedy, Tereb. 1x, suggested first by my friend Dr. Kidd, admirably suits her, though I have departed from his prescription. The 1x is too strong for her, it causes nausea, a most undesirable addition to her sufferings. The 2x does quite as well as a hæmostatic, and a third attack proved to me that the 3x was better in all respects, and continued for some time. *Every trace* of albumen has disappeared from the urine. She always begs for a tonic, and I give her Quinine dissolved in Tr.-Fer. sesq. I may add that I have seen Quinine in long-continued use remove albumen from urine where there was every evidence of cerebral waste and nervous depression. Our allopathic friends seem to be going it strong when Bartholow recommends twenty grains of Quinine to check a cold. The *Materia Medica* of Bartholow's is a capital book for homœopaths; it shows the straits into which they are driven, its *contra* indications are valuable guides to us. There is a negative value in things, as I told a lady the other day. Her mistakes in prescribing made it impossible for me to fall into the same error. She watches my bottles as I take them from my case; but I have a very bad habit (for her) of altering the positions, and using numbers sometimes for names. If I give Ipec. and Phosph., then, sure as she lives, when opportunity offers, I find Phosph. and Ipec. prescribed—quite a different thing, as she well knows; but nature is perverse, and reminds one of the new piano with two rows of keys, the top one being just the reverse of the lower. Not that I

object to ladies practising medicine; quite otherwise, if they can do it in a proper way; but to use an art well we must *love it*, and few women learn to *wait* for a result—that requires training, and restraining influences.

There has been quite an epidemic of congestion of the lungs and infantile bronchitis. I have noticed that Aconite 1x did better with men than 3x. The broader the chest and the bigger the man, the better the dose told at hour intervals, but when the tightness in the lower lobes was gone, Belladonna 3x came in well. It seemed to suit the over-plethora better in women; but tightness above the mid sternum was quickly impressed by Bry. 3x. Cough and all movements worse on motion. Children, who are not rapidly impressed by Ant-tart. 12, are by Hepar s. 6x. The latter I have found extremely helpful, and I think this difference between the two is correct. In Ant-tart. cases there is a *large quantity* of loose rattling phlegm in the bronchi, with inability to raise it. In Hepar not *so much* secretion, but *plenty of wheezing*. *He purrs* will remind you of Hepar. This titration 6x (Keene and Ashwell's) has in many instances turned the scale in twenty-four hours, or less. One case gave much anxiety. There was chronic bronchitis, when acute mischief was added—inflammation of right lower lung, congestion and relapses in left. I feared a consumptive issue. However, Sulph. 3x (the resolution was provokingly tardy) and Lycop. 12, steadily given for a few days, has cleared the ground, and will lead, I hope, to speedy convalescence.

In the proving of Salicylic acid a curious fact is noted, its power to prevent the decomposition of urine. A week ago to-day I boiled some—the smell was horrible: to it I added

three drops of Æther salicyuret, and—there is no offence in it—the hint is worth something for some sick-rooms. This patient has had it internally with benefit.

In lupoid ulceration of face I made a good hit with Hepar, guided by these symptoms: *she cannot bear to have it touched*, as in washing, and *every breath of air on it, such as opening the door, caused pain*. Here also there is a *modification* of touch. The same is noticeable in the pimples and eruptions of Hepar—*touch* is everywhere painful; there is a sore feel, ulcerative pain, very marked in the Hepar sore throat, as if a splinter were there. A young lady who had this symptom severely *from afternoon to midnight*, preventing sleep, was promptly relieved by two doses of Hep. sulph. 6x.—*Hom. World*.

OXALIC ACID IN CHRONIC AFFECTIONS OF THE MUCOUS MEMBRANE.

BY

DR. JOHN MOORE,

Liverpool, Eng.

The following is not the only case I have met with wherein striking results were obtained from Oxalic acid in chronic affections of the mucous membrane of the intestinal canal, but it is rather noteworthy as showing the effects so quickly of one medicine in an old chronic case where the constitution of the patient was greatly dilapidated by previous disease.

On the 10th of last March I was consulted by Captain G., of Newcastle-on-Tyne. He was on a visit in Liverpool, and his friends, being patients of mine, induced him to try Homœopathy, as for a very long time he had been a sufferer from various forms of indigestion, and on one occasion obstruction of the bowels so

great as to necessitate an operation, the obstruction arising from hernia, and he had to undergo the usual operation to remove the strangulation. This was effected with success, but ever since, viz., for two years, he has been subject to the following symptoms: Pain in the upper part of the abdomen, in the region of the navel, coming on two hours after eating, accompanied by much flatulence and eructations of a bitter and sour character. The pain is worse at night. Is roused by it about 3 A. M., and kept awake by it. There is a burning sensation from the throat downward to the region of the pain. I must not omit to state that he has met with several severe accidents at sea, and has always had a weakly digestion.

From the above group of symptoms I was led to think of three or four medicines which will readily occur to all homœopathic practitioners—Arsenicum, Argentum, Kreasote. The acids I chose. Oxalic acid, 3d centesimal, two drops, one hour after meals, and light food. He returned in five days, saying he felt very much better. He was a little easier only the first night, but the second night he slept the whole night, and has not had so much ease and comfort for years.

He soon afterward left for his home and promised to write if he had a relapse, but no communication has been received. Hence we have reason to conclude that the benefit was permanent. He took a stock of "the water medicine," as he called it, home with him.

Reflections.—I was led to select Oxalic acid instead of one of the metals referred to because of three symptoms—the intermittent character of the pain, its nocturnal aggravation, and the throat-burning accompanying the other symptoms. Many

medicines have the "burning pains" in the abdomen, but the peculiarity of Oxalic acid is the throat-burning which accompanies these abdominal pains (see Christison's note on this very point), and in my other successful cases with Oxalic acid this symptom has always, I believe, been present. I look upon it, therefore, as a clincher to right effect in such cases. —*Ibid.*

SEVEN MONTHS IN A WARM-WATER BATH.

Some time ago we brought a short notice of an inmate of the city hospital at Friederichschain, a woman sixty-five years of age, having been transferred from her bed to a water-bath, in which she was to be placed uninterruptedly for further treatment. This treatment having been crowned with perfect success, we think it interesting enough to give full particulars.

The woman in question contracted a complicated fracture of the lower thigh, necessitating her transfer to the surgical ward of the city hospital. By reason of the advanced age of the patient the healing process was a protracted one, in consequence whereof she soon acquired an extensive bed-sore on the back, accompanied by inflammation and suppuration of the denuded surface. To this was added a high fever, which very soon debilitated the old lady so that there was but little hope of recovery.

The patient was now put into warm baths of long duration, after which she slightly improved, but as soon as she was brought back to bed, she grew worse again. At this critical juncture Dr. Schede, renowned as a skilful surgeon, decreed that she

should remain in the bath *permanently*, and not be put back to bed at all. And thus the patient had to stay in the warm-water bath uninterruptedly night and day, and, thanks to this persistent mode of treatment, retained her life, and was eventually discharged perfectly cured from the hospital.

A similar case at the same time was that of a young man of eighteen, who was received at the same hospital suffering from general disease of the bone. He also soon became bedsores, and was kept uninterruptedly in a warm-water bath for fully *six months*, after which time he became well, and was discharged perfectly cured.

Bedsore in patients, so-called decubitus, is one of the most dreaded complications, as it generally accompanies protracted and exhausting diseases, often putting the patient's life into jeopardy. In such cases Dr. Schede makes extensive use of the treatment by permanent immersion, and has had, as we see, most astonishing success.—*From Hom. Rundschau.*

HOMŒOPATHIC JOURNAL OF OBSTETRICS.

The second number of the above journal is to hand, and sustains the good qualities of the first number. All the papers are very good and interesting; amongst so much excellent material it is difficult to pick out any points for special mention but perhaps one of the most useful is a paper by Dr. H. Noah Martin, of Philadelphia, entitled "Notes on Anacardium." Dr. Martin draws attention to key-note symptoms of this medicine, viz., "All the symptoms (namely, gastric) disappear during dinner. They come again two hours afterwards: sensation of fasting in the pit of the stomach; painful dull pressure at

the pit of the stomach." He also gives nineteen cases treated with *Anacardium* with great success. Such papers as Dr. Martin's are always worth reading and noting for future reference. It is noticeable that the cases are all treated with high dilutions. Our contemporary evidently means to give us good honest work.

A BEAVER BROWN.

DISCONTINUANCE OF "HIRSCHEL'S ZEITSCHRIFT."

In the last number for the year 1879, Dr. Lewi, the editor, announces that the journal he has edited since the death of Dr. Hirschel will not be continued. The reason he gives for its demise is rather obscure, not to say mysterious. Our readers shall judge for themselves:

"We have resolved not to continue this journal, because for years we have not considered, and could not consider, homœopathy in its still beloved old quasi-official form as capable of living any longer, and because while its old approved powers have been during the last few years violently torn away one after the other, *no* scientific substitutes for them, worthy of the name, have been discovered."

This seems to us to be scarcely intelligible. If Dr. Lewi has for years considered homœopathy incapable of living, how comes it that he has for years been conducting a journal which, if it was intended to prove anything, was meant to show the vitality of homœopathy? Has Dr. Lewi suddenly become a renegade, like some we have heard of in our country? The following sentence would prepare us for a full recantation:

"We retire from the scene of our activity, after having, as we believe, attained the end we put before us, viz., to have proved homœopathy to

be an important integral constituent of medical science, *but by no manner of means the last word of medical science, or as including the later in itself*; and thereby we have pointed out the only way by which, sooner or later, the reconciliation of the part with the whole can and must be effected."

We shall miss the *Zeitschrift*, and trust that its disappearance is not indicative of a real decline in the spread of homœopathic truths among the medical profession in Germany. There, as here, we know that the avowed adherents of homœopathy yearly diminish; but we hope that there, as here, the truths of homœopathy permeate traditional medicine and, like the little bit of leaven, promise eventually to leaven the whole lump.

HOMŒOPATHIC CLINICAL SOCIETY.

"The Homeopathic Clinical Society of Rock Island, Henry and Whiteside Counties, Illinois, and Scott County, Iowa," held its second quarterly meeting in the parlors of the Geneseo House, at Geneseo, Ill., on the 14th of January, 1880.

The President, Dr. P. H. Worley, in the chair, and Dr. C. B. Kinyon, of Rock Island, sec.

The following members were present:—Drs. P. H. Worley and R. F. Baker, of Davenport; C. B. Pillsbury and John Knoblauch, of Geneseo; C. C. Pillsbury, of Atkinson; Dr. Robinson, of Anainan, P. H. Wessel, of Moline; Mrs. S. E. Dart and C. B. Kinyon, of Rock Island.

After the transaction of routine business, Dr. Wessel read a paper on "Post Partum Hæmorrhage." He briefly noticed the usual methods of treating this fearful condition, and then reported several cases from practice in which he had found

Crocus sat. very effective. He gave 20 drops of the tincture in half a glass of water, a teaspoonful every minute until flooding ceased, or nearly so. He called especial attention to the fact that this remedy was indicated only when we find extreme or complete atony of the uterus. The paper was discussed vigorously, pro and con, but none could gainsay the Doctor's arguments, as he fortified his position with successful cases from practice.

At the afternoon session, Mrs. Dr. Dart reported a case of convulsions caused from spinal irritation, cured by the Iodide of Potash in 3 gr. doses three times a day for a week.

Dr. R. F. Baker gave a very able and exhaustive article on "Pelvic Hæmatocele." He dwelt at some length upon the causes, the course and final issue (which is usually fatal) of the same. He also laid a good deal of stress upon the differential diagnosis, and impressed his ideas by giving a graphic history of two cases in his practice.

The Society showed its appreciation of the paper by passing a resolution that it be published.

Dr. Kinyon reported a case of a sarcomatous tumor caused by a fracture of the ribs. It began to grow midway between the lower portion of the right sapulla and the spinal column. It was so firmly attached to the ribs that an operation was not practicable, and the patient died just one year from the receipt of the injury.

Dr. P. H. Worley reported a case of necrosis of the femur which is doing well under the use of Ars., Rhus tox. and Silicia 30x. He gives but one remedy at a time.

Adjourned to meet at Davenport in Dr. Worley's office, on the second Wednesday in April, at 10 A.M.

C. B. KINYON, Sec.

PUBLISHERS' DEPARTMENT.

—Spring announcement of Chicago Homœopathic College will be found elsewhere.

The sixth annual report of the Tompkins square (New York) Homœopathic Dispensary is received. John P. Ermentraut, M. D., is the Medical Director. 12,374 cases were treated during the past year and the percentage of cured and relieved is flattering to the Director's skill.

—The question of the advisability of vaccination is an important one, but so long as the practice is made use of it is eminently desirable that the vaccine used should be of absolute purity, and that supplied by Dr. A. H. Dorris, of Fon du Lac, Wis., is worthy of the utmost confidence.

—The Homeopathic physicians of Keokuk, Iowa, have arranged to open a dispensary where those who desire, can avail themselves of their treatment, free of charge. Many will take advantage of it. The dispensary will be under the immediate charge of Dr. Bowman, at his office, corner Third and Main, who will be assisted by his colleagues, and one of the number will be found there every day from 11 A.M. to 1 P.M.

New York, Feb. 20, 1886.

—The position of Resident Physician of Hahnemann Hospital, in this city, will be vacant July 1st. There will be a competitive examination for the position early in June.

The doctor will receive his board, lodging and washing, also thirty dollars per month.

Applicants may address

JOHN H. THOMPSON, M.D.,

Sec'y of Medical Board.

36 East 30th St., N. Y.

—After an extensive trial of the *Maltine* preparation in private and dispensary practice, we are convinced that it is one of the most valuable remedies ever introduced to the Profession. Our exalted estimate of this article is confirmed by all of the many practitioners who have expressed to us their opinion of it. In Pulmonary phthisis, and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions it is invaluable. In convalescence it is a delightful and efficacious cordial. We have invariably found it liked by children, who devour it as they do candy.

Maltine deserves to stand in the front rank of constructives; and the constructives, by their preventative, corrective and curative power, are probably the most widely useful therapeutic agents that we possess.—*Louisville Med. News, Jan. 3, 1886.*

—A few establishments have acquired a reputation for honesty in the preparation of medicine for physicians' use, which years of experience in prescribing them have proven, and the name of a certain firm on a bottle is all that was necessary to prove its genuineness.

This confidence between physician and manufacturers is pleasant. We, as physicians, wish to know *what* and *how much* of a certain agent we are prescribing.

I have therefore prescribed Phillips' cod liver oil in combination with phospho-nutritive with the utmost confidence as to its purity and efficiency for all diseases of a pulmonary type, where anæmic conditions prevail and the system needs building up. Ten years' experience in its use, with my patients as well as my own personal case and that of my brother justify any eulogium on my part.—*Extract from an article by Fordyce H. Benedict, M. D.*

THE
AMERICAN
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AND SANITARY SCIENCE.

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EPITHELIOMA.

E. C. FRANKLIN, M. D.,

Ann Arbor, Mich.

CASE VI. H. P., age 52, of Ann Arbor, presented himself for treatment at the Homœopathic Clinic, Ann Arbor, with the following history. About a year ago he sustained an injury upon the cheek just below the external canthus of the right eye, which however soon healed and no trouble was apprehended till six months ago when he felt twinging pains at the point of injury. A short time thereafter he experienced a little sore over the part, which commenced as a dry scab. This the patient removed from time to time, the sore growing larger after each removal. Three months ago it developed into an ulcer, when it grew with considerable activity, presenting an irregular warty appearance with thickened

everted edges. Its base is well defined and indurated, and since ulceration set in it discharges a sanious pus, which upon examination contained epithelial scales in abundance. Its growth is quite rapid, and the adjacent tissues seem to be melting away gradually under the corrosive nature of the disease. There are three enlarged glands behind the right ear, which are hard and easily moved by the finger. They have developed within the last fortnight.

MICROSCOPICAL EXAMINATION.

Subjecting the discharges to a microscope, there are seen a large number of epithelial cells of varied sizes and shapes. Here and there are seen condensed cell structures, exhibiting the peculiar and characteristic concentric layer like arrangement, having a yellowish color. There seems to be an internal proliferation of epithelium, which by absorption and displacement crowds out all healthy action. The health of the patient, save this, seems to be fair.

DIAGNOSIS — EPITHELIOMA OF THE SKIN.

Histologists have endeavored to establish a common anatomical basis for all cancerous growths, but so far there seems a little advance towards an agreement, either in the peculiarities of the cell-growth, the size of the nucleus or nucleolus, or in the distribution of the various elements that form these neoplasms. Thus Waldeyer speaks of carcinoma as "an atypical epithelial neoplasm." Billroth says in all cancerous tumors there are numerous, recently developed small, round cells which are infiltrated into and form a part of the connective tissue, independent of the epithelium. There are a variety of forms presented by these neoplasms, one variety appearing as a small, round tumor, resembling a shot, which rolls under the finger when pressed upon; another variety puts on the feel of a firm, immovable lump, deeply imbedded in the subjacent structures; and still another presents a warty excrescence of a chocolate colored appearance, continually forming and casting off scales. *All* these tumors have the power of implicating neighboring glands, especially the lymphatics. Epithelioma may be distinguished in a general way, "by a tendency to ulceration at an early period of its progress, and an indisposition to the formation of large out-growths, except, perhaps, in the uterus, where it assumes the form of large degenerations termed cauliflower growths or excrescences. In the case before us there seems a disposition to spread beneath and involve the deep structures, but not to involve a great extent of surface implication.

Treatment.—Excision, care being taken to cut well into the healthy structures, and to unite the cut surfaces by the interrupted silver wire

suture. Internally I shall give the *Calcarea jodatus* 3x three times daily and a pledget of *Hypericum* solution to the wound till next clinic day, one week from the present. A return of the case shows an improvement in the condition of the wound. Treatment continued. The parts assumed their normal appearance in the course of three weeks, and the patient left, as I suppose, cured, at least he has never since returned for surgical treatment. On the last visit but one I changed the previous prescription to *Sulphur* 30x three times a week for one month. In connection with this subject I take the liberty of presenting to your readers a very valuable and instructive resume of the treatment of this disease and its prognosis, by the "Anatomical and Surgical Club" of Brooklyn, N. Y. To inquiries made of its President, Dr. Fowler, he gave the following statistics: In the last few years he had removed four epitheliomas of the lower lip, in one of whom, a male aged 35 years, the growth returned in six months, when it was again excised, only to recur again in four months, when it was removed for the third time, but the patient was lost sight of. In the second case, a male aged 44 years, half of the lower lip and part of the cheek was removed. The disease returned in one year and terminated fatally at the end of 18 months. In the third case, a male aged 60, no return of the growth had occurred at the end of two and a half years. In case No. 4, age not given, the disease returned, and death occurred three months afterwards. Dr. Freeman's success was more remarkable, for in *three* cases where excision was performed, no recurrence took place up to six months, one or two years. Dr. Russell recalled *four* cases excised; in two the growth recurred within two

years; one was lost sight of and the fourth remained permanently cured.

Dr. Sizer related *three* cases; in *one* three years had elapsed without recurrence; in the two others recurrence and death took place.

Dr. Weiber related *two* cases of excision, both of which were in old men, and both terminated fatally. The last named quoted the experience of Billroth in his surgical clinic during the last eight years. Fifty-eight cases were operated upon; of these 29 are still living without recurrence; 2 died of the operation; 4 died of other diseases; in 14 death resulted from recurrence, and in 9 cases the final result was unknown.

Dr. Baker reported *two* cases with no recurrence of the disease, though one died of a different disease two years after the operation.

Dr. Bunker had experience in one case, aged 42 years, in which the epithelioma was removed by caustics, with no recurrence.

Dr. Elmendorf reported *one* case of excision in a male 72 years of age, and no recurrence.

Dr. Rockwell reported *two* cases with uncertain results, though in each the disease recurred. In another case of excision no recurrence took place up to four years.

In summarizing the above results, the following conclusions touching the 85 cases of epithelioma removed by excision and caustics (only a single instance of the latter is reported) we find the facts as follows: The number of cases reported, including those of Billroth, are *eighty-five*. Of these there were *twenty-four* recurrences; *thirty-five* non-recurrences; *seven* died of other diseases; *two* died from operations, and *seventeen* were lost sight of. Those belonging to the latter class, even after a considerable period of exemption, will change the figures

somewhat. Thus we observe that under the regular practice the prognosis of epithelioma is by no means favorable, while under homœopathic treatment the cases which I have already collected show a much better result than those of the opposite school. In my next article I shall gather together all authenticated cases treated by homœopathic practice, and compare results with those already mentioned, covering as they do an important and valuable table of statistics touching a disease of unusual interest and value to the professional man. Of one thing there can be no question; that the number of permanent recoveries after removal of the disease abundantly testify the great value of operative interference alone; conjoined with homœopathic therapeutics, I believe that there will be a much larger percentage of recoveries shown under our system. Let us await the issue.

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CHRONIC CYSTITIS IN THE MALE.

LOUIS FAUSE, M.D.,

Schenectady, N. Y.

Cystitis is an inflammation of the mucous membrane of the bladder, but the other coats of the viscus may and very frequently do become involved. It is characterized by pain and swelling in the hypogastric region; frequent urging to urinate, but very little urine is voided and that with great pain; the tenesmus of the bladder the source of most of the pain.

In the chronic form these symptoms are all present, but are not quite

as severe nor are they constantly present; the painful micturition comes on more frequently at night; the bladder in this form of inflammation is very liable to become irritable from a variety of causes, as piles, constipation, fistula, fissure of the anus and various other local causes; they all, by their irritating influence on the organ, tend to bring on the attacks of tenesmus more frequently and make them more severe. But the disease is not entirely local; it necessarily affects the general health, the pulse is accelerated, the temperature always a little higher than normal, mouth dry and parched, tongue coated, headache, debility, loss of appetite, great thirst—in fact, all symptoms which would point to a febrile action going on in the system.

The urine voided in this disease is characteristic; it is heavily charged with triple phosphates, pus, mucus and blood corpuscles; the amount of these substances is often great. I have seen a case where the patient would pass, while attempting to urinate, nothing but pus and mucus, and where it would be so thick as not to pass through the catheter (which was being used owing to an enlargement of the prostate gland).

Causes.—Exposure to cold, violence, and the habit of long retaining the urine are among the exciting causes of the acute form. Gonorrhœa is another. Dr. J. F. Cooper reports a case in the *Hahnemannian Monthly* caused by the excessive use of Buchu.

The acute form very frequently passes into the chronic and is therefore one of the most prominent causes of the latter. The most frequent causes of the chronic form, however, are enlargement of the prostate gland, stricture of the urethra and stone in the bladder; they oper-

ate, as does paralysis of the viscus, by not allowing the bladder to thoroughly empty itself, the urine retained becomes ammoniacal, thus irritating the mucous coat sufficiently to cause an inflammation.

Urinary calculi bring on the disease by irritation their presence produces. It is a disease of advanced life, probably because the diseases above mentioned as causes come with advancing years.

Treatment.—The remedies which are most frequently indicated are Cantharis, *Cannabis sativa*, Causticum, Pulsatilla, *Nux vomica*, *Chimophilla umb.*, &c. Cantharis is indicated when the patient has very frequent micturition; with burning and cutting pains so severe that the patient cries aloud. Constant desire to urinate, with scanty emission of dark or bloody urine, this makes the patient irritable and melancholic. The pain attending micturition in this remedy is particularly severe just when the patient is finishing.

Cannabis sat. This remedy follows well after Canth.; it very frequently removes the pain which Cantharis has relieved. It also reduces the mucous discharges very considerably and is especially indicated when there are streaks or flakes of blood in the mucus or pus. It has darting pains in the posterior part of the urethra, violent burning in the urethra during and after urinating. I use this remedy from the tincture to the 3d.

Causticum.—Smarting pain in the urethra while urinating. (Canth. after Cann. sat. during and after.) Then Caust. has a paresis of the bladder the patient can hardly "hold his water," he has to hurry very much to get the penis out for fear of soiling his clothes; this is characteristic of this remedy. The urine is light colored with floccu-

lent sediment. This remedy is not so frequently indicated as some of the others but none will show more satisfactory results when it is.

Pulsatilla.—The symptoms are: aching, burning and cutting pains in the region of the bladder. Involuntary emission of urine while sitting, standing or walking (Caust). After urinating spasmodic pains in the neck of the bladder extending to the pelvis and thighs. Scanty red-brown urine with brick-colored sediment. Bloody or mucous deposit, *jelly like sticking* to the bottom of the vessel. The last named symptom I look for more particularly when about to prescribe this remedy. It is especially adapted to persons of a mild tearful disposition.

Nux. vom. is frequently useful as well for the mucous sediment, as for the attendant constipation. Yellowish white coated tongue and other symptoms which characterize this drug.

Chimaphilla umb.—Scanty urine containing a large quantity of mucopurulent sediment. Urine thick, ropy, of a brick color and a copious bloody sediment. Inability to pass the urine without standing with the feet wide apart and the body inclined forward. These are a group of symptoms which are often found in this disease and therefore the remedy recommends itself to our careful consideration. There are other means which, though they are not strictly therapeutic, are nevertheless useful adjuncts in the cure of these cases. When, for example, the spasms of the bladder and urethra are quite severe, they can very readily be, temporarily relieved by pouring some hot water into a vessel and letting the patient sit on it, care being taken to hold up the scrotum and penis so as not to injure them; or a substitute may be found in put-

ting cloths into water as hot as can be borne by the hands, wringing them out and putting on the perineum and over the hypogastric region.

When the prostate gland is enlarged, the uneasiness about the neck of the bladder great and the irritation of the bladder severe, then an enema of corn starch with tr. of opium is one of the best means to afford relief, unless the bowels are very badly constipated; in slight constipation the starch will counteract the binding properties of the opium. The reader may think this course far from homœopathic, but whoever has had a severe case of chronic cystitis, has undoubtedly seen the patient go night after night without sleep or with very little; (it may be that I am weak in my *Materia Medica*) if this be so why not give the patient a few hours rest? I know from experience in several cases, that it has done no harm and has never failed to relieve the patient.

I have never used the douche but in one case, and then only as a means of diluting the mucopurulent sediment which became so thick that it would not pass through a No. 8 catheter, which was the largest size the patient could use, owing to an enlargement of the prostate gland. The bladder should be emptied at least twice every twenty-four hours as the effect of the stale and ammoniacal urine which gathers there is very deleterious.

A RARE CASE.

BY

PIERRE D. PELTIER, M. D.

Hartford, Conn.

Feb. 3, 1880, I was called at 12 M., to a case of child-birth. I at-

tended promptly to the call and found on my arrival the mother and child doing well, the duties of the accoucheur having been successfully performed by a lady of the neighborhood, who was *au fait* at the business. I made regular visits the two succeeding days, viz., Feb. 4th and 5th, and found the patient unusually comfortable.

The child was reported to me by the nurse to be in good condition. On the 5th inst., the nurse who had been called temporarily was discharged, and her place taken by the permanent nurse. At 1 o'clock on the morning of the 6th inst., I was summoned to see the child. The messenger stated that the child was bleeding to death. I hastily answered the call and was considerably surprised to find, that hemorrhage was not from the funis, but per anum. The discharge had ceased but the amount had been so great as to produce a visible effect upon the child, indicated by pallor of countenance and weakness of voice. The child—a male—previous to this occurrence, was plump weighing fully eight pounds and had every indication of health. The amount of blood lost was probably not less than two ounces. At this visit the nurse informed me that since her arrival a period of twelve or fourteen hours, the babe had not voided urine or fecal matter but had nursed vigorously.

My prescription was Ipecac, third decimal, Millefolium, first decimal, alternately every hour. My next visit was made at 10 A. M. No additional hemorrhage and no natural discharges from either bowels or bladder, omitted Ipecac and continued Mille. with the addition of Apis 3rd. I was called again at 7 P. M., on account of another hemorrhage which was much less in quantity. The nurse said the hemorrhage was preceded by straining, as if in the act of defecation; a little fecal

matter passed the bowels with the blood, but no urine had been passed. I examined over the region of the bladder, but could find no fulness or appearance of distension. The child had nursed frequently during the day and had always retained its food. I left Nux, thirtieth, pellets, to be given every three hours. Feb. 7th, called at 11 A. M. No hemorrhage excepting a slight stain upon the napkin, bowels had moved freely at 7 A. M. No voiding of urine, no fulness over the hypogastrium. The child had nursed not as freely as usual and had given no indication of suffering, sleeping quietly most of the time. Passed a No. 1 gum elastic catheter into the bladder, but could not obtain any urine. Observed some ecchymosis upon the anus which gave rise to the suspicion of purpura hemorrhagica. The nurse said the child had been more languid than usual and it certainly seemed more exhausted and feeble. I informed the father that I thought there was no chance for the child to live, and suggested that he employ counsel if he wished to do so.

He said he would leave the matter entirely with me, I left pellets of Apis thirtieth to be given every hour, the father to call and inform me of the condition of the child at 6 P. M. At which time he came and with happiness and satisfaction beaming upon his countenance as he entered my presence I knew he had a good report to give. He said that about three hours after I left the child voided urine in moderate quantity and had continued thus to do at intervals of an hour. That the nurse said that the child was "all right," had nursed freely and appeared livelier. I ordered the remedy continued and the father to report in the morning, which he did, his report being favorable. I did not call until the 9th inst., and then found

the child apparently as healthy as though nothing extraordinary had occurred. This is one of those cases mentioned by West, as "too rare for any person to have what can be called real experience in." He himself never having met with but one similar and two somewhat similar cases, and even that one had not the complication of *suppressio urinae*, which I am quite positive must have dated from the birth of the child.

The remark of the temporary nurse who was quite inexperienced, that the child was "all right," must have been a mistake, and the child did not pass water until the fourth day of its existence.

Will some of your numerous readers or contributors enlighten us upon the cause of these rare hemorrhages.

West says: "When death has occurred from the immediate effects of the hemorrhage the liver and abdominal veins have sometimes been found gorged with blood, and blood has been found within the intestines or extravasated between their coats, constituting what has been termed abdominal apoplexy. Appearances which have been supposed to indicate that some impediment to the establishment of the new course of the circulation which the blood should follow after the birth had given rise to the accident."

THE VALUE OF MECHANICAL AND LOCAL TREATMENT IN SOME FORMS OF DISEASE OF THE FEMALE PELVIC ORGANS.

BY

MRS. J. G. BRINKMAN, M. D.

New York City

Mrs. S. N., aged 32 years. Married six years; no children; no miscarriages.

Duration of illness a year and a half. Symptoms as follows: Loss of flesh and appetite. Face pale, with blue circles under the eyes. Extreme pallor on slight exertion. Easily exhausted. Pain and sensitiveness the whole length of the spine. Aching distress in the lower extremities. Menses irregular, flow profuse. Leucorrhœa constant. Attacks of extreme agonizing pain in the region of the ovaries recurring two or three times a week. The attacks so severe as to cause her to keep her bed for a day or more, when they would gradually pass off. The pain was not limited to either ovarian region; it sometimes recurred in both. It was so severe as to cause the surface to become cold, the features pinched. Cold perspiration, feet and hands cold, with blue nails. On the occasion of the patient's first visit to my office she was taken with one of these paroxysms, and I witnessed their severity. They had become so severe and frequent, that from a blooming, healthy young woman, she had become reduced to such a state of exhaustion and anæmia that the least labor or amusement even fatigued her. She suffered from loss of appetite, sleep, and spirits; weeping at every trifle. During the year and a half of her suffering she had been under skillful homœopathic treatment without benefit. On examination of the pelvic organs, I found prolapsus uteri in the second degree, the cervix elongated, puffy and much congested, with copious discharge from the cervical glands. The patient stated that undue exertion, or much walking, brought on the pain. I made up my mind that I had to deal with acute pelvic congestion, due probably to displacement of the uterus. Displacement of the uterus is sufficient to account for a condition of inflam-

mation in itself, and the tissues adjacent, from obstruction of the circulation. When inflammation exists the parts become more or less tender when tension upon the pelvic structures produces pain. The pain is often paroxysmal or perhaps accumulative, even when depending upon a cause which acts steadily.

Placing the patient in the knee-elbow position, I replaced the uterus and supported it in position with a cotton pledget. She was suffering so intensely that I put her to bed where she remained two hours. At the end of that time she became comparatively free from pain. That was the last severe attack that the patient suffered from. She came regularly to my office twice a week for three months, when she was discharged cured. The treatment consisted in replacing the uterus at each visit and supporting it by the cotton pledget medicated with glycerine. Glycerine, as is well known, will relieve the congested uterus as readily as readily as the application of leeches. *Sepia*, 2c. was the only remedy used, but the paroxysms were relieved before the medicine was given. I saw the patient seven months later. She weighed 180 pounds, had suffered no return of the pain, and was pursuing her customary avocations in the enjoyment of perfect health. I think I should have failed to cure the case had I not resorted to mechanical means temporarily to uplift and support the parts in place until the overloaded blood-vessels were relieved and proper circulation through the organs was once more established. I do not know that the patient had taken *Sepia* before she came to me, but experience strengthens me in my belief that in the majority of uterine diseases and pelvic difficulties mechanical and local treatment are absolutely neces-

sary. It is certain that the cases thus judiciously treated, in my own experience, get well in one-third the time that it takes to cure similar cases when remedies selected according to subjective symptoms are alone relied upon.

HYSTERO-EPILEPSY.

BY

W. M. BUTLER, A. M., M. D.

First Assistant Physician, State Homœopathic Asylum for Insane.

Read Before the Semi-annual Meeting of the N. Y. State Hom. Society held in Rochester, 1879.

Hysteria, argus-eyed and Briareus-handed, is continually spying out and drawing within its own bosom the most multifarious and heterogeneous array of human ills. Like the chameleon ever changing its form and color according to its surroundings, it simulates and incorporates within itself every disease with which it comes in contact. Volumes have been filled with its symptoms. Pharmacopœias have been exhausted in its treatment.

A general consideration of this formidable disease is not our present purpose. We simply desire to call your attention to one of its forms most commonly designated hystero-epilepsy.

HISTORY.

The name hystero-epilepsy signifies the close resemblance of this disease to true epilepsy from which some writers deny it the possibility of a distinct differentiation.

To the French alienists M. M. Briquet, Dubois, Dunant, Tissot, and

especially M. Charcot, are we chiefly indebted for a clear and complete elucidation of this subject.

The opinion of M. Charcot, based upon his extended experience in La Salpêtrière should carry much weight in opposition to those who, with a much more contracted field for observation deny the existence of the disease.

That hysteria and epilepsy may exist, each in its own distinct form in the same individual, all writers admit. Either after years of suffering from the dreaded enemy, epilepsy, the hydra-headed hysteria appears, and blackens still further the existence of its victim, or after the emotional nature has been shattered by hysteria, epilepsy arises and destroys all remaining gleams of intelligence.

With all the forms of epilepsy hysteria may exist in full development and run a course entirely independent of its associate disease. Of hysteria and epilepsy associated, but each distinct in its paroxysm, we do not intend to treat.

The format present under consideration is that in which the hysterical and epileptic symptoms of the disease are from the first inseparably blended. The hysteria appears with its convulsive features so intensified as to closely simulate true epilepsy, and yet possesses distinctive characteristics of its own, capable of recognition.

Although hystero-epilepsy has rarely been found in this country, yet the fact of its being seen in many foreign hospitals, and of its being mentioned by many alienists in other countries, renders it highly probable that cases may sometimes exist here improperly classified as epilepsy.

Having had the opportunity of seeing several of these cases in La Salpêtrière, it was suggested that the presentation of a short history of the

disease, together with its diagnostic symptoms, might be of interest.

The class of persons most susceptible to hystero-epilepsy is that in which ordinary hysteria most commonly abounds, such as in highly-emotional, romantic, hyper-sensitive girls and women with illy-balanced minds, often containing undeveloped germs of insanity implanted by an insane ancestry, and whose education has been defective or entirely neglected. Combined with this peculiar mental bent we usually find a generally weakened organism, and always an irritability of one or both ovaries, the left being most often afflicted. From excessive sexual indulgence, entire abstinence, or some other cause, a hyper-sensitiveness of the ovary exists, acting as a reflex centre for the disease.

SYMPTOMS.

The epileptic phase usually opens the scene. As if to warn the victim, the approaching enemy sends heralds in the form of the hysteric aura. These occupying for a considerable time the abdomen and epigastrium, allow the patient an opportunity to prepare for the ordeal through which she is to pass. As if alarmed at the prospect, the patient utters a cry, turns deathly pale, and deprived of consciousness falls. Then, as though contending with a legion of devils, the body passes through the most fearful struggle. The highly tumefied and purple face, with features frightfully distorted, and lips and mouth covered with foam often tinged with blood from the bitten tongue, picture the dreadful conflict within. Together with facial distortion a tonic rigidity seizes for a time upon all the limbs, accompanied by short oscillations, mostly limited to one side. Then suddenly, as if released from the mighty demoniac power, the mus-

cles become relaxed and the patient sinks into a coma, and lying with stertorous respiration testifies to the strength of the power with which she has been contending.

To this stage the clinic phase succeeds when the hysterical character of the disease is clearly manifested. Intentional muscular movements, with varied contortions, expressive of joy, fright, fear or hatred, testify to the storm of passion by which the whole emotional frame is shaken.

At last the pent-up passions, thus far held in partial check, reflecting themselves upon the brain, burst forth in the wildest delirium. Now do we fully realize, that whatever there is of terrible, whatever there is of beautiful in the heart of man, all that shakes the soul to and fro, and is remembered while thought and flesh cling together—all these have their origin in passions. As it is only in storms and when their waters are driven up into the air, that we suddenly catch a glimpse of the depths of the ocean; so it is only in a season of perturbation that we obtain a passing glance at the real internal nature of man.

It is then only that the wonderful might of their eruptions shaking like a reed his mortal frame dissipates all regard for popular opinion and rend in pieces the cobweb veil with which prudence or the cold calculations of selfish interests hides the feelings of the heart. It is then only that nature speaks her genuine feelings; and as the last night of Troy, when Venus illumined the darkness and Æneas saw the gods themselves at work, so may we, when the blaze of passion is flung upon man's nature, mark in him the signs of celestial origin, but tremble at the deeds of darkness by which he is controlled.

In this phase the case passes through every phase of sensual de-

light. The face beams with smiles and with an expression of enjoyment and gratification. At one instant the erotic impulses are aroused, and in the imagined arms of her lover she pours forth cooing words of love, or with her whole nature raised to its highest pitch of excitement, she experiences the intensest thrills of a sexual orgasm.

Filled with the most enjoyable hallucinations of the senses she imagines herself in an elysian land; gardens of beautiful flowers of every conceivable variety of color, filling the air with delicious perfume, are spread out before her while she listens to strains of music more enrapturing than sweetest notes of nightingale. With all the senses sated to the full she dwells in an atmosphere of ecstasy equalled by the brightest vision of the hashish dream.

Suddenly the scene changes. Smiles are dissolved in tears, and the facial expression of enjoyment becomes one of abject fear and horror. In an instant she is plunged into an abyss of woe more horrible than any viewed by Virgil in his tour of the Inferno. Around her every frightful shape appears.

"Hellish furies stained with blood,
In limb and motion feminine they seem'd.
Around them greenish hydras twisting roll'd
Their volume; adders and cerastes crept
Instead of hair, and their fierce temples bound,
and with violent sobs and tears she passes again into the sphere of consciousness. The trying ordeal is passed, the present attack ended, but to be renewed again at longer or shorter intervals, although not always in the same order or with an equal degree of intensity.

DIAGNOSIS.

Having outlined this disease as a

whole, let us see wherein it differs from true epilepsy.

In the first place, it may be noticed that the epileptic type never appears in a complete form, and only occurs in connection with the *Grand mal* never with the *petit mal*, or *Vertigo epileptique*.

A second characteristic point is that compression of the ovary always modifies, and at times arrests the attack, which is never the case in true epilepsy.

A third essential point is the lessened effect produced upon the intellect. Patients, although suffering for years from this disease, retain their original amount of intelligence, in marked contrast to the dementia produced by long-continued epilepsy.

A fourth highly characteristic feature is the difference in temperature produced by a long series of hystero-epileptic attacks and the attacks of true epilepsy. In the former case the patient may undergo in a short period of time an almost innumerable number of consecutive convulsions without raising the temperature above 38° or $38^{\circ} 5'$ C., while in the *Grand mal*, with a series of convulsions the thermometer rises much higher.

In hystero-epilepsy, moreover, attended by a great number of paroxysms within a short space of time, there is much less danger of a fatal termination than in epilepsy proper. One patient cited by M. Charcot underwent 200 paroxysms within twenty-four hours with no increase in temperature and without imperilling life.

CAUSES.

The causes most active in the production of ordinary hysteria are also influential in developing hystero-epilepsy. Among these may be mentioned lack of employment, faulty education, imperfect hygienic surround-

ings, with deficient nourishment, and, in fact, any agency tending to lower the system and diminish the general vitality. In addition to these general causes, we always find another essential cause in a diseased condition of the genital organs, and especially the ovaries.

PATHOLOGY.

The few post mortems of this disease thus far obtained have failed to demonstrate any reliable pathological change.

The invariable effect produced by compression of the ovaries renders it highly probable that these organs act as reflex centers of the cerebral and spinal symptoms, although as yet no definite universal lesion has been discovered in them. Germs of the disease are also without doubt in the depraved blood as in ordinary hysteria, but more extensive research is necessary for the complete establishment of these symptoms.

PROGNOSIS.

The prognosis as regards cure is invariably unfavorable, although the disease may exist many years without causing death.

One case mentioned by M. Charcot, in a recent work, has suffered from its severest form forty years.

TREATMENT.

The majority of cases thus far having been under allopathic care no specific homœopathic treatment has as yet been established. Chief attention should evidently be paid to the elevation of the patient's lowered vitality by suitable hygienic measures, the strengthening of her self-control by appropriate regular discipline and the application of remedies having especial action upon the uterus and ovaries.

Although hystero-epilepsy does not present a promising field for curative

treatment by any school of medicine, still it is worthy our ablest efforts, as in seeking for brilliant impossibilities useful realities have often been discovered.

A CASE OF GANGRENE.

BY

WM. H. LOUGHEE, M.D.,

Lawrence, Mass.

In September, 1879, was called to a lady, sixty-five years of age, whom I found suffering severely with inflammation and swelling of the right leg, the redness and swelling extending from the knee down nearly to the ankle.

Six inches below the knee and on the right side of the leg, I found two dark spots, one the size of a twenty-cent piece, and the other the size of a ten-cent piece, each in circular form and half an inch apart. Patient complained of great heat and pain in the limb.

Described the pain as gnawing, piercing and smarting.

Her description of the sensation was that at times she could feel the flesh being gnawed away as it were, but yet the skin, though dark, was not broken.

Her temperature was high, pulse quick and full. Ordered her to remain in bed, leg elevated and constantly enveloped in clothes, wet in a two and a-half per cent solution of carbolic acid.

Internally prescribed Arsenicum, second dilution, and Apis first dilution, in water to be given every hour alternately, in two teaspoonful doses.

Visited her again in forty-eight hours, when I learned that she utterly refused to keep her bed, but had remained sitting up in her chair, with her feet resting in another chair. The redness had extended much since my first visit; the two dark spots had formed a coalition, and were doing destructive work among the tissues; the skin was broken; the discharge very offensive; fever high; pulse quick; tongue beginning to look red; very thirsty, but appetite very good for the amount of fever present. Patient was allowed to eat all she desired.

At this time gangrene had reached the size of a silver dollar, and was constantly extending in both circumference and depth.

Her constitutional symptoms convinced me that septicæmia was taking place, and that something must be done quickly to produce sloughing of the necrosed matter, and to prevent absorption of decomposed blood and tissue.

Continued Arsenicum second, and Apis first, and ordered a charcoal poultice, wet up in a 2½ per cent solution of carbolic acid. Patient consented to take her bed. During the night diarrhœa came on; discharges involuntary; tongue dry and red; pulse intermitting badly, with high temperature, and occasionally chills; strength failing rapidly.

Ordered the charcoal poultice, wet up in carbolized water, same strength I had been applying to the limb continued, and gave internally Phosphorus and Rhus-tox, both in second dilution, repeated every hour alternately.

Upon visiting patient twenty-four hours later, I found the leg much less painful, but gangrene had extended until the gangrenous spot was as large as the palm of my hand, depth one-half inch. The necrosed matter had

sloughed off during the night. The opening made by the sloughing was a frightful looking cavern; blood vessels were exposed; so that every pulsation of the heart could be counted in them. This condition led us to expect that sooner or later these vessels would open, and we should have a very difficult case of hemorrhage to contend with. Patient very much prostrated; tongue very red; pulse growing rapidly weak; heart intermitting badly. The pulse indicated a partial rolling or swaying of the heart rather than that of a firm contraction of all the ventricles. This condition of the heart led me to fear paralysis of the heart and sudden death.

The above condition led me to stimulate my patient freely with whiskey, continued Phosphorus and substituted Digitalis in place of Rhus tox. Continued poultice for the purpose of removing all necrosed matter, and stimulating healthy granulations. After twenty-four hours I found patient much improved. Heart had regained much of its lost vitality and was beating quite regularly; diarrhoea much improved; tongue looking better, and patient appeared in all respects much better.

This treatment was continued, and the patient improved daily until the excavation was filled up with healthy granulations. The patient made a rapid recovery.

By way of remark I will state that in my opinion this was a case of inflammatory gangrene, and not a case of gangrene, caused by lack of nutrition from such causes as extreme old age, an enfeebled heart, hardening or calcification of the arteries, embolism or thrombosis, but the direct result of a blow, in which the great heat and swelling cut off nutrition, and produced necrosis of certain cells and tissues. Here we found

rigor mortis of cells, such as is found in muscles when all nutrition has been cut off. Kuhne has shown that this condition is the result of the coagulation of the albuminous substances when all nutrition has been cut off in a muscle, tissue, or cell. This process of destruction has been traced to the nerve tissue when the white substance of Schwann has been found coagulated and collected in small drops in the neurolemma. In the case like the one under consideration, we have a dead decomposing substance surrounded by living active absorbing tissues, therefore comes the danger of pyæmia as the decomposition of necrosed matter goes on, and this was the danger threatening the life of our patient. Here too it had gone on to an alarming extent, so far that we felt justified in passing stimulation to an unusual degree—both with Alcohol and Digitalis. Alcohol for its influence over the pyæmic condition of the blood and its power to prevent waste in healthy tissue. The Digitalis for its power to produce firm and steady contractions of the heart, the rebuy furnishing nutrition to the system in general, thus better enabling it to throw off its burden of poisoned matter through the excretory organs, and at the same time furnish nutrition to the diseased tissues, thereby checking the advance of gangrene in tissues which had been deprived of their nutrition. If any of your numerous readers know of any better way to successfully treat a case of gangrene (inflammatory gangrene) when not called until the disease has gained a firm foothold, they would confer a great favor upon one of your readers at least by making that method known through the pages of the AMERICAN HOMEO-PATH.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical,
and Sanitary Science.*

Edited by

Charles F. Blumenthal, M.D., LL.D.

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EDITORIAL.

MEDICAL NIGHT SERVICE.

On another page of this number of our journal will be found an article on medical night service, read by Dr. Henri Nachtel before the Academy of Medicine, which we copy from *The Medical Record*.

This service has for some years supplied to many of the cities of Europe a want felt by physicians and laymen, and ought long before this have been introduced in this country. It is a necessity to relieve the over-taxed physician as well as calculated to bring comfort and aid to the distressed who are suddenly attacked with disease or suffering during the night.

We all know that disease of any kind is always more aggravated and more virulent during the night than

when daylight surrounds the patient. We need not here repeat the cause or causes for this phenomenon, for they are fully dwelt upon in Dr. Nachtel's article.

Therefore, it can not appear strange that the friends of the patient or sufferer become doubly anxious during the still hours of the night, and seek relief from the hands of the physician, no matter what the hour may be. But the one whom they rely upon as their family physician is not often to be found, he may be absent from home upon some professional duty, or so exhausted that it is at the risk of his own health or his life if he attempts to go out; while others, who have no family physician, are still more troubled, for they do not know to whom to apply. It is then that the necessity is felt of having a corps of physicians, vouched for as good and reliable men, who can easily be found and who are willing and ready to go to the aid of the sufferer at a moment's warning.

If a list of such as are willing to hold themselves ready for such service could be found at the office of the District Telegraph Company in their neighborhood, and a fee from all who require their services and who are able to pay for it be collected by the policeman who calls for the physician and accompanies him on his errand, the service as well as the remuneration could be always secured. This mode differs somewhat from that adopted by the Parisian authorities, but would be more suitable to our

country and have the recommendation of great simplicity.

We have no doubt many of our younger physicians of good standing would consent to having their names inscribed for such service and will find it to their advantage in often securing thereby a larger day practice.

Some of the old fogies, the strenuous advocates of the Code, may discover that it smacks somewhat of advertising, and oppose it on that ground, but their antiquated notions will have to yield to the demands of the public for a service absolutely a necessity in the larger cities, and a great convenience to all towns with a population of over five thousand inhabitants.

MEETING OF THE HOMŒOPATHIC SOCIETY OF THE STATE OF NEW YORK.

(Reported for the Homœo. Soc. by H. L. Widdie, M.D.)

The twenty-ninth annual meeting of the Homœopathic Medical Society of the State of New York, was held in Albany, Feb. 10 and 11, 1880, the President, Dr. Asa S. Couch, in the chair. The meeting was opened with prayer by Rev. A. J. Upson, D.D. The President offered a few congratulatory words and appointed committees as follows: Auditing, Invitations, Credentials, President's Address. The minutes of the last annual and semi-annual meetings were read, and approved after being corrected.

The Treasurer reported that \$1,088.25 had been received during the last year from all sources and that \$1,033.17 had been expended and that \$55.08 were in the treasury. The

society is entirely out of debt and has due it from members and societies \$720.00.

The Corresponding Secretary presented an extended report.

The Committee on Credentials reported eighty-eight physicians present, an attendance which indicates a greatly increased interest in the State society on the part of physicians throughout the State.

Surgeon General W. H. Watson, M.D., of Utica, was introduced to the society by the president and received with applause. He announced that he had been requested by Governor and Mrs. Cornell to invite the members of the society to attend the reception at the Executive Mansion in the evening.

The invitation was accepted with thanks.

A complimentary vote to the Treasurer, on the financial condition of the society, was adopted.

Nomination of officers was the next in order of business.

The following physicians were nominated for permanent membership to be elected next year: Wm. Hanford White, Joseph Finch, Wm. M. Butler, J. J. Peckham, Jacob L. Phillips, Isaac Miller, E. W. Bryan, B. F. Williamson, H. M. Dayfoot, F. Parke Lewis, A. B. Rice, A. J. Evans.

The following physicians nominated last year were elected permanent members: Warren Freeman, Wm. Scherzer, S. E. Stiles, J. J. Mitchell, Wm. H. Van Deryee, Catherine E. Goewey, N. H. Haviland.

Edward A. Guilbert, M.D., and H. N. Guernsey, M.D., were elected honorary members.

An effort was made to change the time of the annual meeting and considerable discussion followed, but it was decided that no change should be made.

An invitation was received from the Kings County Homœopathic Medical Society, for the State Society to hold its semi-annual meeting in Kings County some time in September, the place and date to be announced hereafter.

The invitation was unanimously accepted.

Certain amendments to the by-laws were next adopted.

Dr. Alfred K. Hills, chairman of the bureau of societies and institutions, called upon physicians from different parts of the State to speak of the institutions in their various localities.

Dr. Paine reported the Albany Hospital as out of debt and in a flourishing condition; about 3,000 cases are annually treated in the Dispensary.

Dr. Osborne, of Buffalo, said the institutions of that city were "booming." The hospital is out of debt and accommodates about forty patients most of the time. The dispensary and the Eye and Ear Dispensary are both well supported.

Professor Burdick spoke of the flourishing condition of the New York Hospital. He spoke of its new and elegant building, and of the good work being done for the sick and for the profession. The Homœopathic College was in a flourishing condition. The standard is high and examinations rigid, which has frightened some of the timid students away.

Dr. Talcott spoke of the State Homœopathic Asylum for the Insane at Middletown. The work of building up the institution, filling it with patients, improving the grounds, and the internal appearance of the building has steadily progressed. Last winter an appropriation of \$75,000 was secured from the State, and the same amount is asked for this winter to complete the second pavilion. The institution is on a paying basis with

\$24,000 in the treasury. The percentage of recoveries has been from 40 to 46 per cent. The death rate the last year has been 4.94 per cent.

Drs. Fiske and Talmage spoke of the institutions of Brooklyn, and Dr. Carr of the Homœopathic Free Hospital in Rochester. Dr. Hills reported from the New York Hospital and the Ward's Island institution.

A member spoke in terms of commendation of the Brooklyn Maternity.

Dr. H. D. Paine, necrologist, reported the deaths of the following Homœopathic physicians in the State during the last year:

S. D. Hand, M.D., Binghamton; J. M. Cadmus, M.D., Waverly; H. Beakley, M.D., Peekskill; L. B. Waldo, M.D., West Troy; E. B. Squires, M.D., Syracuse; D. D. Smith, M.D., Brooklyn; E. A. Munger, M.D., Waverly; Emma Scott Wright, M.D., New York; Franklin Bigelow, M.D., Syracuse; H. V. Miller, M.D., Syracuse; Lafayette Bushnell, M.D., New York; W. Doolittle, M.D., Rochester.

A congratulatory telegram was received from the President of the Connecticut Homœopathic Medical Society.

Dr. S. S. Guy, of Brooklyn, presented a written appeal to the State Society, from the decision of the King's County Homœopathic Medical Society, by which decision the latter organization has expelled him from its membership. He asked the Society to receive it and investigate it. Dr. E. D. Jones was opposed to considering any personal matters. Dr. Guy replied that the law gave him this right. The whole matter was referred to a committee consisting of Drs. S. H. Talcott, R. A. Adams and C. Ormes.

AFTERNOON SESSION.

The Bureau of Materia Medica reported the following papers:

"Have we a Therapeutic Law?" by J. J. Mitchell, M.D.

"High Potencies: Do they Affect the Living Organism?" by P. P. Wells, M.D.

"Phytolacca Decandia," by L. M. Kenyon, M.D.

"An Introduction to the Study of the Potashes," by T. F. Allen, M.D.

"Petroleum Poisoning," by M. M. Gardner, M.D.

The committee to which was referred the preambles and resolution offered by E. P. Fowler, M.D., at the annual meeting in 1878, presented the following majority report:

The committee, to whom was referred the report upon the state of Homœopathy received by this society at its last annual meeting, would respectfully report:

That in accordance with the resolutions contained in the report, the members of the committee have, during the year, conducted an extensive correspondence with the profession throughout the State.

They have endeavored to obtain from those who feel aggrieved, a statement of their cause of complaint; and they have attempted, in a report to the society, which shall be true to the principles of Homœopathy, and yet broad enough to cover the real issue which seemed to demand the resolution of 1878.

Your committee has found a general and most hearty concurrence of belief in the law *similia similibus curantur*. It has found a diversity of sentiment concerning the use of attenuated medicines, and as to the reliability of proving made with them.

There is also a lack of harmony prevailing throughout the profession as to the expediency of putting upon record any expression concerning the use of extraneous appliances, when treating a patient with internal medi-

cation, administered according to our therapeutic law.

It is very generally conceded, however, that the mere fact of being a Homœopathic practitioner, has debarred no one from the right to use such appliances, if, in his judgment, they are demanded.

Your committee wish to draw careful attention to the protest of those engaged in the passage of the resolution of 1878.

They contend that their position has been misrepresented, and the intent of their resolution most unjustly judged.

It seems to your committee that, in their attempt to place themselves in a proper position before the community, they were betrayed into expressions that appeared to be false to the principles they had so long professed, and for which they had so long contended.

Your committee remember that words do not always convey the thought intended. And they cannot do otherwise than exercise the utmost charity towards the movers of the resolution of 1878, and to express their confidence in their protestations. We deem it expedient, however, to calmly and decidedly put ourselves on record as misrepresented by it. And we wish to do this in plain and unmistakable language.

Your committee, therefore, suggests that the resolutions which they herewith present be adopted as a substitute for the preamble and resolution passed by this society in 1878, as expressing the views of the body in regard to the matter under consideration.

Dr. E. Carleton, Jr., of New York, a member of the committee, dissented from the above report. He advised that the Fowler resolution be simply rescinded and no further action taken

in the matter. The question was debated at great length by Drs. Wildes, Carleton, Burdick, Brigler, Paine, Couch, Doane, T. Franklin Smith and Adams.

Upon motion of Dr. Wildes the resolution adopted by the Society in 1878, and known as the Fowler resolution was rescinded and expunged from the minutes.

After a prolonged discussion which was participated in by many of the members the report of the committee was adopted.

Dr. H. M. Paine, Chairman of the committee appointed to co-operate with the Milwaukee Academy of Medicine in testing the efficacy of high potencies, read an extended report. Drs. Wildes and Gardner, being a majority of the committee, advised that the Society take no part in the work begun by the Milwaukee Academy, for reasons which were given. Dr. Paine advised that the Society co-operate with the Milwaukee Academy, and entered upon a discussion of the merits of attenuated remedies. Upon motion of Professor S. B. Burdick, the entire report was rejected by the Society.

Prof. Dowling, Chairman of the Committee on the Reception of the American Institute, reported the satisfactory manner in which the work of the committee had been done, and the committee was discharged.

The Bureau of Clinical Medicine reported the following papers through its Chairman, E. Hasbrouck, M. D.:

"Clinical Cases," by O. E. Pratt, M. D.

"Dead or Alive," by C. Bruchhausen, M. D.

"Notes on Chronic Gastritis in Children," by T. C. Duncan, M. D.

"The Utility of Medical Diversity," by T. L. Brown, M. D.

"Glossitis," by M. A. Wilson, M. D.

"Diphtheria," by S. W. Skinner, M. D.

Dr. N. Osborne, of Buffalo, was elected Chairman of the Bureau of Clinical Medicine for the coming year.

The Bureau of Surgery reported the following papers through its Chairman, E. Carleton, Jr., M. D.

"Unusual History of Fatty Tumor," by E. Carleton, Jr., M. D.

"Cases from Practice with Comments," by E. Carleton, Jr., M. D.

"The Topical Use of Sulphuric Acid in Necrosis," by H. I. Ostrom, M. D.

"Shock," by J. G. Gilchrist, M. D.

"A Case from Practice," by W. M. L. Fiske, M. D.

"Idiopathic Necrosis of the Pubic Bones," by C. L. Bagg, M. D.

"Clinical Cases in Surgery," by N. Osborne, M. D.

Dr. M. O. Terry, of Utica, was elected Chairman of the Bureau of Surgery for the coming year.

The following committee was appointed to wait on the *Senate Committee on Public Health*, and urge the introduction of a clause into the bill to create a State Board of Health, which shall secure to homœopathists a fair representation upon the Board: Drs. Asa S. Couch, A. R. Wright, C. E. Swift, H. M. Paine, S. H. Falcott, J. J. Mitchell, W. M. T. Fiske, W. C. Doane and A. P. Hollett.

Evening Session—8 o'clock.

The Society met in the new assembly chamber, Dr. Alfred K. Hills, First Vice President, in the Chair. President Couch delivered the annual address upon the subject "*Hereditv and the Higher Duties of the Profession*." At the conclusion of the address, a vote of thanks to the President for his able address, was adopted. Prof. Burdick moved that 1,000 copies be printed and a copy

sent to each member of the Society in an independent volume. Carried.

Prof. Dowling gave an exemplification of the Sphygmograph discussing its value as an aid to diagnosis.

The Society then adjourned to attend the reception of Governor and Mrs. Cornell at the Executive Mansion.

SECOND DAY—MORNING SESSION—ELECTION OF OFFICERS.

The following were elected officers for the ensuing year:

President—A. R. Wright, M. D., of Buffalo.

First Vice President—E. Hasbrouck, M. D., of Brooklyn.

Second Vice President—N. Osborne, M. D., of Buffalo.

Third Vice President—R. A. Adams, M. D., of Rochester.

Recording Secretary—H. L. Waldo, M. D., of West Troy.

Corresponding Secretary—A. P. Hollett, M. D., of Havana.

Treasurer—E. S. Coburn, M. D., of Troy.

Censors, Northern District—Drs. A. W. Holden, G. W. Little, L. A. Clark. *Southern District*—Drs. W. M. L. Fiske, J. H. Demarest, S. H. Talcott; *Middle District*—C. E. Swift, M. O. Terry, George B. Palmer.

Recommended for the Regents' Honorary Degree of Doctor of Medicine—A. R. Wright, M. D.; Henry Minton, M. D.; W. C. Doane, M. D.; O. Groom, M. D.

REPORT OF BUREAU OF MENTAL AND NERVOUS DISEASES.

Dr. S. H. Talcott, chairman, presented the following papers: "Delusions of the Insane" by S. H. Talcott, M.D.; "The Relation of Occupation to Insanity" by W. M. Butler, M.D.; "Post-Mortem Examinations of the Insane at the Middletown Asylum" by N. E. Paine, M.D. A resolu-

tion expressing the confidence of the Society in the present management of Insane Asylums, and especially the Homœopathic Asylum at Middletown was adopted.

Dr. W. C. Doane referred to his expulsion from the Homœopathic Medical Society of Central New York and wished to place in the hands of the Secretary a statement of the case. After considerable discussion, the matter was dropped.

Drs. Asa S. Couch, A. R. Wright and J. A. Biegler were recommended to the Governor for appointment on the State Board of Health, in case such a board should be created.

The following were appointed as the Legislative Committee: Drs. E. D. Jones, Alfred K. Hills, H. M. Paine, A. P. Hollett, M. O. Terry and N. Osborne.

AFTERNOON SESSION.

The Bureau of Pædology presented, through its chairman, H. Amelia Wright, M.D., the following papers: "Regressive Infantile Paralysis," by J. Savage Delavan, M.D.; "Infantile Mortality," by Casper Bruchhausen, M.D.; "Cross Babies," by Alice B. Campbell, M.D.; "Malformation Extraordinary," by C. A. Beldin, M.D. Dr. W. W. Blackman was elected chairman for the ensuing year.

The Bureau of Obstetrics presented the following papers: "Anæsthetics in Labor," by A. P. Hollett, M.D.; "Puerperal Convulsions Cured by Amyl Nit," by L. A. Clark, M.D. Dr. A. P. Throop was elected chairman for the ensuing year.

The Bureau of Gynæcology presented the following papers: "Diagnosis in Gynæcological Diseases," by Sarah J. White, M.D.; "Against Vaginal Examinations with Speculum," by Alice B. Campbell, M.D. Dr.

Anna C. Howland was elected chairman of the bureau for the ensuing year.

Dr. J. A. Biegler was elected chairman of the Bureau of Climatology.

The Bureau of Ophthalmology presented a paper entitled "Progressive Myopia," by F. Parke Lewis, M.D.

Dr. Lewis was elected chairman of the Bureau of Ophthalmology and Dr. W. P. Fowler of the Department of Otology. Dr. Bukk G. Carleton was elected chairman of the Bureau of Histology, Dr. A. W. Holden, chairman of the Bureau of Vital Statistics; Dr. W. B. Kenyon, chairman of the Bureau of Vaccination, and Dr. John F. Geary, chairman of the Bureau of Medical Education.

Dr. F. Parke Lewis explained the instrument called the audiphone and the following two papers were presented from the Bureau of Vaccination: "Vaccination," by J. C. Morgan, M.D., and "Baehr on Vaccination," by *Venero*.

Dr. A. P. Thorp read a paper on the water supply of Poughkeepsie.

Dr. O. Groom explained the method of constructing filters in cisterns from ordinary brick. Considerable discussion followed upon the use of filters and a pure water supply in towns, which was participated in by Drs. Throop, Groom, Howland, Brown, Boocock. Dr. T. L. Brown spoke at considerable length upon the subject of ventilation, he also described his method of treating "after-pains" without medicine; it is as follows: Direct the patient to lie perfectly still, not moving a muscle; when the pain comes on, instead of clinching the hands, and holding the breath and contracting all the muscles of the body the patient is to lie relaxed and breathe naturally. This treatment has proved very satisfactory in Dr. Brown's hands.

Dr. C. E. Jones described a new instrument for operations upon the pharynx.

After a vote of thanks to the retiring officers, which was happily responded to by Dr. Couch, the Society adjourned.

H. L. WALDO,
Recording Secretary.

CORRESPONDENCE.

STEAMER CRESCENT CITY.

My Dear Doctor.—We have just completed 1,980 miles of our journey, out of our 5,200 miles, and some observations I would like to give for the benefit of mankind who travel by sea and are subjects of that fearful malady seasickness. We had a passenger list of nearly two hundred and nearly all were sick as soon as we struck the Gulf stream. A few ladies were sick before we got out of the harbor of New York. I find men are less liable than women, and usually of short duration. Children are seldom sick, and women suffering from uterine complaints were the first to get sick, and were not free from nausea when there was any motion; pregnant women came next. I found the symptoms were a deathly sickness, and faintness from slightest motion, and when the smallest amount of nourishment was taken. The surgeon of the steamer sat by, and told them all that nothing could be done, when we got to land they would soon rally. Was it not consoling to a seasick woman? I took the precaution when leaving Philadelphia, to lay in a stock of medicines recommended for seasickness, and as good luck would have it, had a package of Apomorphia x6, given me by Dr. McFarland for a case of reflex nausea. I found the symptoms to correspond nearer to Apomorphia

than any drug I had, the deathly sickness and fainting are a complete similar. I found it an excellent opportunity to experiment for the benefit of mankind, but it had to be done with a great deal of precaution, for they might have put me off and compelled me to *walk* the remainder of the journey. I gave Apomorphia to some twenty cases with perfect relief in about fifteen minutes. One dose was sufficient in most cases. A. Mrs. L. who had been in Brooklyn for several weeks under treatment for severe uterine trouble, was advised to take a sea voyage by her physician. She was going to San Francisco to meet her husband. She was sick almost from the first moment after going on ship; three days after we left New York the surgeon said to me at breakfast he was afraid she would not live to complete the journey she was so weak. When I came up to the cabin I sent her one powder of Apomorphia which *immediately* checked her vomiting and nausea through the day. She took several cups of beef tea; at night she sent for another powder. She had a good night's sleep and next morning was on deck, but was obliged to take one powder a day. It was a perfect wonder to the surgeon how she got up so soon, when we were in such a rough sea, and in fact how they all were so free from sickness on such a rough passage. As he was very bitter against homœopathy, I did not give him any information. I am satisfied from observation that Apomorphia must rank first on our list of remedies for that distressing complaint, which takes away all pleasure on a sea voyage. Hoping this remedy may be given a further test by those taking a sea voyage,

Fraternally yours,
W. LOREN DODGE, M.D.

ANN ARBOR, March 18th, 1880.
CHAS. E. BLUMENTHAL, M.D.:

Dear Editor—I observe in your last issue of "THE AMERICAN HOMŒOPATH," that you refer to a certain operation for the radical cure of heria, which you term "the Heaton operation," &c., &c.

I read this article very carefully and in its method of performance, the instrument used, the injection employed and the subsequent treatment recommended, I find it almost the *identical process* which Dr. Page of St. Louis, patented early in 1840, the right of which to use in the States of New York and Connecticut, I purchased of him for the sum of five hundred dollars. I recollect well at the time while being a pupil of the great Valentine Mott, I consulted Prof. Darling of New York, then Prof. Mott's assistant and Demonstrator of Anatomy in the Medical Department of the New York University, as to the nature of the operation, the probabilities of its success, &c., &c., telling him of my intended purchase of the right to use it in the States named and asking his advice in regard to the matter. I think he felt favorably toward the operation but doubted the legality of a patent right covering the process and rather dissuaded me from the purchase. However I *did* purchase the right to use it as indicated and paid the five hundred dollars. I also remember that Dr. Gage performed the operation on a poor patient (an employee of my father), and pointed out to me very carefully all the steps of the operation and the subsequent treatment and *cure* of this person. Seeing this I became very sanguine of success and went to work in my labors of love, building grand castles in the air and dreaming of untold millions I expected to realize from this new method of cure. We visited several

cities in Connecticut and performed the operation upon about at least a dozen persons one of whom I remember was the late Gov. Ellsworth of that State. Cures were effected, if my memory serves me, in almost every case and after being thoroughly posted in all steps of the operation we left for New York City and home and the purchase was concluded and I felt myself then a great and wealthy man. This was while a student of medicine in the year 1844, and two years before my graduation. In 1846 a severe calamity overtook me and I was compelled to forego for a time entering upon the golden dream of my student life.

Since then other matters engaged my professional being, and I yielded up the El Dorado of Hernia to join the caravan of Argonauts in 1849, that journeyed westward o'er sea and land to make their "eternal fortunes" in the El Dorado of California. I have operated some four or five times for the radical cure of hernia by this process, which to-day I believe to be the simplest and most successful operation yet discovered for the cure of this most annoying infliction. The injection used by Dr. Gage and which was a part of the patent right purchased of him, was the oil of cloves a few drops being thrown into the spermatic canal through a cubiform nozzle attached to a small syringe resembling that of our present hypodermic syringe. Since then I changed the oil of cloves to an irritant which I believe to answer a better purpose than the oil of cloves and indeed I have had good results follow its use. During my lectures upon the subject of hernia these twenty years past I have alluded to the little "tempest in a teapot" of my student life and many a hearty laugh have I enjoyed with others while reciting my youthful credulity

and ready disposition to fall into the snare of the unprincipled sharper. And now Dr. Heaton comes to the front and claims to be the inventor of a new principle in the radical cure of hernia which has been known and practiced these forty years.

I have in my possession the very instrument that I performed this operation with thirty-six years ago and if I understand the thing rightly it is the same instrument, so far as you describe it, that Dr. Gage patented as a part of his new surgical process for the painless and bloodless cure of hernia. Very truly,

E. C. FRANKLIN, M.D.

NIGHT MEDICAL SERVICE:

A Brief Statement of the Plan of Night Medical Service in Actual Operation in Paris and Other European Cities. With a View to its introduction in New York.

HENRI NACHTEL, M.D., of Paris, France.

(Read before the New York Academy of Medicine, February 10, 1880.)

I have the honor to lay before this Academy for its consideration a summary of the plan of night medical service, as adopted in Paris, believing that in New York, as in other great cities, grave accidents and cases of sudden and serious illness, that occur during the night, often do not obtain the prompt attention which they need. It is a well-known fact that there are many persons who have not a family physician, and who, in case of sudden and urgent sickness, lose much precious time before the needed medical help can be obtained, since the doctor may be absent or ill, or otherwise unable to respond immediately to the call, as will be seen in my *resume* of the French reports on the night medical service established in Paris and other European cities. Having made

inquiries as to whether such a service was in operation in New York, I was informed that nothing of the kind existed in this country, except that, in case of an accident occurring on the street, the police officer telegraphs for an ambulance to remove the patient to the hospital. But he has no instruction or power to send a physician to any person so injured, or taken suddenly sick at his private residence.

Would it not be a humane and excellent thing to have a night medical service established in New York on the same plan as in other countries? From a medical point of view it would be of great benefit to the profession, in giving us statistics of diseases occurring during the night in New York, as is done in Paris and other capitals in Europe.

NIGHT HYGIENE AND MEDICAL SERVICE.

Night in a physiological point of view.—The succession of day and night, and the meteorological changes which result, produce physiological modifications in the organism of living beings. The absence of sunlight, which is the cause of many of the changes that take place during the night in the atmospheric medium, invites man to repose and favors sleep.

Rest after the day's labor, and sleep—so essential to the repair of the organic forces—are two conditions which must be, above all others, taken into consideration in order justly to appreciate the nocturnal physiological phenomena.

Baerensprung, Froelich, Lichtenfels, Ladame, Mantegazza, and more recently William Ogle and others, have demonstrated that there is a nocturnal lowering of the temperature in man, due to the internal phenomena of nutrition.

If the temperature falls, the respiration diminishes—the respiratory

movements being less energetic, and less frequently repeated (Becquerel), produce a depression of the organic forces, owing to the diminution in the production of carbonic acid during the night, and also, very probably, in great part, to the absence of the light.

This diminution of carbonic acid during the night, proved by several physiologists, evidently corresponds to the expression of the organic forces which takes place.

The experiments of Pettenkofer and Voigt show that during the night there is a large absorption of oxygen, making the quantity of this element much greater than during the day, and altering the proportion.

They have observed that, in an adult twenty-eight years of age, the oxygen absorbed during the night amounted to 67 p. 100, while carbonic acid exhaled was only 42 p. 100.

Night in a pathological point of view.—It is very easy to understand, after what has been said above, how much more exposed we must be during the night to suffer from the harmful influences that surround us, since the faculty of reaction is weaker than during the day.

In marshy countries and in damp localities there is nothing so dangerous as the evening fogs and dew. It is after imprudent exposure to their unfavorable influence that fevers generally present themselves. In the cities these fogs collect all the miasms and infectious germs that may exist. It has been, indeed, observed in a great number of cholera epidemics, that the disease generally made its appearance during the night.

In Munich, for instance, seventy out of a hundred cases have been recorded as occurring during the night.

But one must take into consideration another cause, namely, the evening cooling to which our organism is only too liable. Zimmermann has observed this injurious effect of night. "Cold nights," says he, "which follow warm days, are among the principal causes of the dangerous fever of Lower Hungary, where a great majority of the patients die."

During periods of excessive heat, it is nearly always after a nightly imprudence—such, for instance, as to sleep without sufficient covering—that diarrhœa and dysentery appear.

It is nearly always during the night that the first attack of asthma and gout appears. It is during the night that the fearful cough of a child affected with laryngismus stridulus comes to frighten the parents.

It is also then that the workman, who has spent all day far from his home, comes back to suffer the disastrous effects of his crowded rooms and confined air. How many cases of asphyxia have been the result of the accumulation of smoke in a bedroom, or of pernicious gases, or combustion which cannot find exit? And cases of poisoning by a leak in a gas-pipe, which has escaped attention during the night, are not infrequent.

Thus, certain flowers left in a bedroom sometimes have an evil influence on man's health.

Observation has proved that the most odoriferous flowers are the most dangerous. The lily of the valley, jasmine, tube-rose, and laurel-rose, among others, have produced accidents often fatal.

It is doubtless at the end of a day passed in expectation, anxiety and suffering that despair, taking hold of the unfortunate, becomes the cause of the suicides which occur in the first part of the night.

NIGHT MEDICAL ATTENDANCE.

On different occasions, public attention in Paris has been called to the grave accidents and numerous cases of disease which had appeared during the night. Some of them were followed by death, because the help of a physician could not be procured. When, in 1869, a petition was presented to the senate in France, this body appointed one of its members to study the question. In the same year, Dr. Passant, General Secretary of the Medical Society of the Department of Charities, which, by the nature of its functions, had been able to study the question in a careful way, submitted for the first time to the Director of Public Assistance his project of night medical service, whose fundamental idea was the *utilization* of the police stations. This project, accepted in all its points by the director, was about to be put in practice when the war of 1870 broke out. Two years later Dr. Passant repeated his petition, and had this time the good fortune to see his project supported by Dr. Nélaton. This gentleman, who had been commissioned by the senate in 1869 to make a report on the question, had decided to establish permanent police stations, in which he ordered an appointed doctor to be on duty all night; but acknowledged that Dr. Passant's project, by the very fact that it allowed the use of the police stations already existing, was more simple, more practical, and at the same time less expensive, and unhesitatingly abandoned his own notions to accept those of Dr. Passant. But the bad state of his health, and soon after his death, did not allow him to give all his influence to this subject, and so, for the second time, the project of night medical assistance was laid aside. During this time

Dr. Passant's ideas made progress, and were accepted in foreign countries. The night medical service was inaugurated in Berlin in 1872, and two years later it was in operation in St. Petersburg.

In 1875 Dr. Passant applied directly to the Prefect of Police, M. Léon Renault, who, understanding all the importance of such a project, adopted it almost completely; and in the month of November, 1875, presented to the municipal authorities of Paris a report on the measures to be taken—

I shall give here only an abstract of Mr. Renault's report:

"I believe I respond to an old and active uneasiness in asking you to allow a new credit of 10,000 *francs*, for the purpose of insuring medical help to persons taken suddenly ill during the night. The cases in which the absence of such help has been fatal to patients are fortunately rare; still we occasionally see painful cases, whose reports, published by the press in a more or less exact way, only serve as an excuse for the most virulent attacks against the medical profession. . . . The work of doctors, which is among a thousand emotions and personal dangers, often in violation of all the laws of hygiene, makes repose at certain hours an absolute necessity for them.

"In another order of ideas, it is certain that the exaggerated fears of anxious families, and the uneasiness of the patients themselves, frequently expose the doctors to night-calls without sufficient reason. Indeed, they have a perfect right to be prudent, since more than once they have been betrayed and in danger of falling into traps laid by thieves who pretended to need their services for a patient. It is unnecessary to allude to the ingratitude of those patients who, after

receiving the doctor's services, refuse him the most legitimate remuneration.

"These considerations explain the necessity for intervention on the part of the administration. This intervention will assure a threefold result:

"1. That the person who may need the immediate help of a physician will know surely where to find one, and will not be exposed to the loss of precious time in repeated inquiries.

"2. That the physician himself will be able to respond promptly to the patient's call.

"3. That the act of self-sacrifice accomplished shall not compromise his personal safety, and that he shall not be cheated of the just remuneration for his trouble.

"Dr. Passant, who is considered by the *prefecture de police* as one of its most devoted auxiliaries in his quality of chief physician (*adjoint du dispensaire de salubrité*), has occupied himself with this special question for several years, and has resumed his studies in propositions of a simple and practical character, which leave nothing to be desired.

"In each precinct physicians shall be invited to declare if they agree to submit to the calls which they may receive during the night.

"The name and address of those who have made this declaration will be inscribed on a board posted in the precinct police station.

"The person in need of a doctor will apply at the police station of his or her precinct, and will select on the board the physician whom he or she may prefer.

"A police officer will accompany the person to the doctor's house, and the physician to the patient's residence, and, the visit once made, will take him home again.

"On leaving him, he will give him a check for *ten francs*, which will be paid at sight by the cashier of the *prefecture de police*.

"According to the means of the patient, which will be subjected to investigation, the administration will demand the amount of the fee paid to the doctor; or, should the patient be unable to pay, the administration will assume the debt.

"It seems to me, gentlemen, that there is nothing to add to these resolutions.

"When they are sanctioned by your approval, they shall receive all necessary publicity to put them immediately into execution."

Soon after, a new notice, announcing the names of the physicians that had undertaken this service, for each one of the eighty police precincts in Paris, declared that this service would be started at 10 P. M., to close at 7 A. M., from the 1st of October up to the 31st of March; and from 11 P. M. to 6 A. M., from April 1st to September 30th.

"Doctor Passant informed the authors of the French Medical Encyclopedia (article Night, by Layet) that on the 6th of February, 1876, this night medical service was instituted in Paris, with the aid of 545 doctors. The number has since increased to 664, to the great satisfaction of the public and the physicians. * * *

The night medical service is established not only in St. Petersburg, but also in Moscow, Odessa and Warsaw. It exists in Italy—in Rome, Milan and Turin, where it has been organized by the exertions of Professor Pacchioty. It has been started also in Lisbon. In France it will be shortly adopted by some of the largest cities—Lyons, Marseilles, Lille; it has been in activity in Algiers since March, 1878.

In Dr. Passant's project one point had been overlooked, on which, nevertheless, its author had particularly insisted, and whose importance could not be doubted, namely, that which relates to the possibility of establishing night medical statistics. This expectation has been fulfilled since the beginning of 1878. The following *bulletin*,* proposed by Dr. Passant, where no mention is found of the name of the person who has needed the services, does not in the least wound the more or less exaggerated susceptibilities of doctors and families, in regard to medical secrecy.

In order to show all the interest that attaches to the result of such statistics, I could do nothing better than to present the author's quarterly statistical *resume*.

From April 1st to September 30th, 1878, 1,913 visits have been made in the night-time. In the months of July, August and September, there has been a difference of more than 131 visits, and the average of nightly visits has been 11 for the same three months. Men are in the proportion of 34 per 100, women 32 per 100, and children 14 per 100.

The character of the diseases for which medical attendance has been needed permits us to group them under several heads.

In a first group he places all the af-

| Prénoms | Noms | Profession |
|---|------|------------|
| W. | P. | N. |
| Indicate, in each of the preceding columns, the services have been given. | | |
| Age | Year | Months |
| Diseases | | |
| Signature of the Physician | | |
| P. | | |
| Date of the Signature | | |

fections whose principal and alarming symptom is suffocation. They are placed according to their frequency: bronchitis, angina, affections of the heart, pneumonia, pulmonary congestions, croup and asthma.

In a second group, the diseases whose predominant symptom is abdominal, namely: gastro-intestinal troubles, cholera morbus, hepatic, nephritic, saturnine colics, attacks of dysentery, strangulated hernia, etc.

In a third group he finds all kinds of hemorrhage.

In a fourth, nervous troubles: convulsions, neuralgia and neurosis.

In a fifth, congestions and cerebral apoplexy.

In a sixth, abortions and *accidents*.

In a seventh, traumatic accidents: wounds and contusions, fractures and luxations.

In an eighth, cases of poisoning.

In the ninth and last group, sudden and accidental deaths and suicides.

The exercises were opened with music and the invocation was offered by Rev. Wm. Burnett Wright.

I. T. Talbot, M.D., the dean of the school, offered his annual report, recommending the graduating class for the honors of the degree of M.D. The class consisted of thirty-five members, nineteen men and sixteen women. The course of study, he stated, has been and is being made more thorough, the present graduating class having a more complete instruction than any previous class, and being better prepared and equipped for their work. The college has a dispensary attached, which last year gave out about 30,000 prescriptions, and the students are required to study into cases, and to give a written report of the disease and condition of at least twenty patients during the year. Feeling that there was need of a more full course of study in medicine than it has been usual to give in the past, the Faculty of the college have started a four years' course, in connection with the present three years' course, the first pupils in which will graduate next year. Its success has been better than they hoped, the number entering its classes constantly increasing. The address closed with a brief review of the early struggles of the followers of homœopathy against the severe and unmerited denunciations of the old school of physicians, contrasting it with the present day, when its merits have secured to it a just recognition, even from its enemies, and many of its remedies and methods are used by the old school of physicians, either knowingly, or as new discoveries which they do not recognize as having been used by the homœopaths for years.

Miss Stella Manning, of Marlboro', delivered the salutatory address, and after some music by the band, the

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The Seventh Annual Commencement exercises of this school were held Wednesday, March 3. As usual on such occasions, there was a very large attendance of the friends and relatives of the graduates and those interested in the school; more, in fact, than could be seated. Upon the platform were the trustees of the university, the faculty of the school of medicine, and a number of invited guests, including his Excellency Gov. Long, Hon. Otis Clapp, Dr. Chamberlain, of Worcester, Rev. William R. Clark, D.D., of East Boston, and others.

President, William F. Warren, L.L.D., conferred the degrees upon the graduating class. In his address he spoke of their advance in study during the years they had been in college, and impressed upon their minds the fact that in this progressive age of the world they not only needed to start even with the knowledge of the day, but to keep up even with it. To do this requires constant work, and the progress of the next fifty years will probably far outstrip that of the last century. To master this knowledge and keep in the advanced ranks of practitioners will require the utmost effort. He then awarded diplomas to the following graduates:

Stephen G. Bailey, A.M., Lowell, Mass.; Charles W. Bresenham, South Abington, Mass.; Lucy S. Carr, Marblehead, Mass.; Francis H. Cole, Boston, Mass.; George S. Cummings, Ashburnham, Mass.; Jane S. Devereaux, Marblehead, Mass.; Ellen L. Eastman, Woburn, Mass.; Alice B. French, Winchester, Mass.; George H. Fulford, Lorraine, N. Y.; Seth V. Goldthwaite, Boston, Mass.; Mary J. Hall, Boston, Mass.; Susan P. Hammond, Killingly, Conn.; Amos L. Holbrook, Rockland, Mass.; Henry A. Jackson, Providence, R. I.; Lora C. Jackson, Philadelphia, Pa.; Charity James, Carlisle, Iowa; Joseph M. King, Orrington, Me.; John E. Kinney, East Wareham, Mass.; Stella Manning, Marlboro', Mass.; Catherine A. Mills, Port Byron, N. Y.; Kate G. Mudge, Lawrence, Mass.; George E. Norcross, Jamaica Plain, Mass.; Horace Packard, West Bridgewater, Mass.; Charlotte E. Page, Lowell, Mass.; Frederick B. Percy, A.B., Bath, Me.; Willard O. Ruggles, Worcester, Mass.; Edwin H. Russel, Florence, Cal.; Julia A. Bray Russell, Malden, Mass.; Samuel G. Sewall, A.M., Boston, Mass.; George A. Slocomb, Millbury, Mass.; Charles S. Stanley, Lawrence, Mass.; Mary E. Webb, Peoria, Ill.; Emma J. Welty, Gettysburg, Pa.; Benjamin H. Young, A.B., Rowley, Mass.

His Excellency Gov. Long was called upon for a speech, and responded in his usual happy manner, speaking of the important place filled in the community by physicians, and the value of well-instructed, conscientious men

and women in that profession.

THE VALEDICTORY.

George A. Slocomb, M.D., delivered the valedictory for the class, making a pleasant, straightforward address, alluding in a kindly manner to several of the classmates who were not present, and to the fact that now the pleasant years of study were over, and the hard work of life was to begin.

The valedictory from the Faculty was delivered by Prot. Conrad Wesselhoeft, M.D., and in it he gave his young colleagues some very good advice with regard to their conduct in life, and the importance of conscientious work, and the avoidance of unscrupulous practices.

Last year provisions were made for prizes for essays upon several subjects, and one of them, that of \$30, for the best essay by a member of the graduating class upon the "Germ Theory of Disease," was awarded to Stephen G. Bailey, A.M., of Lowell. The others will be awarded at the closing exercises of the school in June next. The exercises were then closed with prayer by Rev. William R. Clark, D.D.

PUBLISHERS' NOTES.

HEMPEL'S MATERIA MEDICA. The publisher of Hempel's *Materia Medica*, third edition, takes pleasure in announcing to the profession, and particularly to the subscribers, that the first volume will be in the market by *May 1, 1886*.

The arrangement of the work differs materially from that of the former editions. The remedies are arranged alphabetically without subdivision into lectures. The old remedies have been thoroughly revised; many of them (*Aconite*, *Arsenicum*, etc.) have been materially condensed; others (*Apis*, *Lachesis*, etc.) have been wholly re-written. A large number of new remedies have been added.

A double-index (general and clinical) will be attached to each volume.

We still invite subscriptions at the advertised rates; the retail price will, of course, be charged, as soon as the first volume of the work is in the market.

THE
AMERICAN
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IRREGULAR UTERINE CONTRACTIONS.

BY
A. M. PIERSONS, M.D.,
New York City.

In the January number of this journal, Dr. A. B. Rice has given us a very valuable paper which deserves much commendation and little criticism. In the latter I do not wish to take a hand. The paper is valuable, 1st, in that he has had the good fortune to have had two positive cases of hour-glass contraction in the short period of five years, and had the good sense to report them. 2d, in that he proved the cases to be just what he declared them to be, by the introduction of his hand. Too many practitioners report *supposed* cases and after a time persuade themselves into the belief that they actually have had a dozen or more cases of hour-glass uteri. 3d, in that he, in the first instance at least, proved the placenta to be entirely detached, thus disproving the common ætiology so frequently

offered, viz: detachment of a part and adhesion of another portion of the placenta. 4th, in that he took the only reasonable and rational method of relief.

The doctor invites answers to a few questions. Here are mine. In twelve years' active obstetric practice I have had but one case of hour-glass. The treatment and result were in perfect harmony with the views held in this paper. I should not advise the wasting of any time on remedies. Spontaneous relaxation may and does occur. If a dose of any medicine have been given and relaxation follows, the prescriber is inclined to attribute the change to the effect of the drug. This is so, even where widely different drugs are administered.

With a closely-contracted cervix, a placental plug, and a dilated or dilatable fundus, the danger of occult hemorrhage is very great. Immediate action or interference is now in order. Never mind what the books say. They are in great part simply compil-

ations one after another, and do not portray the latest thought and experiences.

Crede's method is not at all applicable, and is worse than a waste of time. By the way, Crede's method has been abused more than any other custom in obstetrics. It should be practiced only in paralysis of the uterus, or relaxation, with the consequent hemorrhage, in preference to the former custom of ice and friction. But what are the facts? Every tyro in obstetric practice goes to work immediately, on the delivery of a child, to *express* the placenta. Just as if the uterus was an old lemon to be squeezed on every sultry afternoon! The practice of squeezing the uterus is almost universal. There never has been a better example of "meddlesome midwifery" than this; and it is constantly practiced by some of the very men who are loudest in their condemnation of *new* customs; are always denouncing the practice of gently shaping a detached placenta, by barely straightening or tightening the cord, as "tugging" and "dragging" at the cord, and as "tearing away the placenta." Where is the man who ever tore away the placenta except in cases of adhesions? and there he certainly has the "authority of the books" to sanction the practice. A much better way, in adhesions, is to let the placenta entirely alone. Of course the practitioner must not guess at the cause of retention, but at once do just as Dr. Rice did. If he find hour-glass-act; if adhesion, remain inactive. Adhesions of placenta, like irregular contraction of the cervix are rare. Almost always the placenta is entirely dislodged by the last one or two expulsive efforts and lies loosely in the uterine cavity at the birth of the child. This I have verified hundreds of times

by holding the cord taut with the left hand and passing the right index finger along the cord to within the uterine cavity. In those cases where Crede's method is adopted it is simply the better choice between two evils. But when applied to every case of labor in the third stage, it becomes a monstrous meddlesomeness. I would like to ask Dr. Rice why he ties the umbilical cord in *two* places and cuts between the ligatures? I am not going to ventilate my views on non-ligation here. My way is simply to cut without ligatures anywhere, and this for nine years without accident. But during the last year I have tied the placental end in many cases, just for the experiment. I am quite positive that the placenta passes the os-uteri with a considerable more obstinacy than where it is not ligated. Then why ligate? I know what the books say about it. The excuse for the practice is frivolous. If by leaving the placental end free we reduce the size of placenta to the extent of 2 or 3 ounces of blood and thereby cause its easier expulsion, as the case may be, to the same extent, then why apply the placental ligature? I have referred to extraction of the placenta. I mean by traction on the cord for the removal of a *non-adhesive* placenta. This I have practiced for ten years. Since this custom has been criticised by a few who never were known to praise deeds other than their own, and who find it easier to criticise than to invent, I would like just here to quote a few sentences from remarks lately made by Dr. J. J. Quinn of Cincinnati, an Allopath of no mean obstetric repute. After stating his belief that hour-glass is *caused* by retained placenta he says: "I have of late years always proceeded to deliver the after-birth *at once*, I use *some* traction upon the cord, but always carefully, cau-

tiously, and conjoined with external manipulations, employing pressure for the purpose of exciting uterine contractions, and thereby hastening the delivery of the placenta." I reach the same results without the pressure.

The wide distinctions between adhesion and retention must always be borne in mind. I would not give ergot in any of these cases. In retention, and if an anæsthetic be *at hand*, I would use it instead of the hand in many instances. The operator must entirely and always fully control the situation. He may do the proverbial amount of lying about other matters, but it is no use trying to deceive a woman about the afterbirth. She will want to know all about it, and, if it does not come at once, she must know why. If hour-glass be the cause of retention it is always better to fully explain the condition and for the operator to give his plan for remedying the evil. He should do this in an unostentatious manner, but at the same time carry conviction to the minds of patient and attendants. Happy is the obstetrician who can, by look or word, dispel the fears and calm the troubled nerves of his half-trusting, half-doubting patients.

PHLEGMASIA ALBA DOLENS.

By
M. H. WATERS, M.D.,
Jenaa Haute, Indiana.

Though not of frequent occurrence is among the most intractable of curable diseases. My present purpose will have been accomplished if I elicit from others more light concerning its pathology and the best methods of pre-

venting it, or of controlling it in its different stages.

Though incident to the puerperal state, yet it is not confined to any period or limited by sex nor even to the inferior extremities, as it sometimes attacks the arms from injuries of the shoulder or veins. It is in its true sense a phlebitis, the inflammation being located in the iliac, femoral, crural, or in the uterine branches of the hypogastric veins.

This inflammation gradually blocks up their canal partly by the thickening of the coats of the veins, but on account of their thinness, principally by the deposit of coagulated lymph between them, resulting in their partial or complete occlusion, and may finally convert them into impervious cords. This result is usually hastened by thrombosis in the vein, which usually accompanies it, and unless the clot becomes firmly attached adds much to the gravity of the case from embolising which almost invariably follows. There is also a liability that from some dyscrasia of the system or low state of vitality, the inflammation may pass rapidly on to the stage of suppuration and pyemia with its fatal result.

When the canal has been firmly closed there is still danger of abscess, which, though less serious, may according to its location cause serious trouble and give rise to grave results.

When these complications do not divert the disease from its usual course, we have as a result of the obstruction of the circulation swelling which, beginning near the seat of inflammation, extends along the course of the veins, accompanied with much tenderness and severe pain. This enlargement sometimes increases to such an extent as to rupture the integuments and form extensive fissures from which large quantities of serum

escape. The swelling is quite firm, and yet so elastic that it pits but little upon pressure. It is unusually white and glistening, and much hotter than the rest of the body, even when there is considerable fever, which is usually high during the acute stage.

This enlargement may last for months and sometimes permanently. If the case is progressing favorably there is an abatement of the pain and fever, and the swelling gradually assumes more the character of œdema, and I am convinced differs but little from that which accompanies pregnancy, except that in the latter by change of position the pressure of the gravid uterus upon the pelvic veins is removed in part at least before coagulation of either blood or lymph, destroys the integrity of the circulation.

In those who have suffered from this disease there has usually been found preceding it an enfeebled condition of the veins, with a predisposition or marked tendency to phlebitis, requiring only some exciting cause, often very slight, to arouse it. Among these causes may be enumerated dysentery and other inflammatory or ulcerative diseases of the rectum, mammary or pelvic tumors and local inflammation existing adjacent to or in some of the larger veins, a result of injury.

So great is the liability of the veins to injury during parturition that this disease is most frequently found during the puerperal state, and on this account many have improperly considered it an adjunct of puerperal metritis. Its liability to occur at this time is further increased by the enfeebled condition of the system resulting from the demands made upon it during the growth and expulsion of the child, which favors the extension of the inflammation which always

exists in the pelvic organs from the laceration caused by detaching the placenta and from the strain which they receive during parturition, especially when there is rigidity of the os or of the outlet of the pelvis. Meddlesome midwifery may sometimes enter as a factor, though not often.

When our attention has by the complaints of the patient been directed to this predisposition, we should never pass it by as of little moment, for it is during this stage that we may hope for the best results of medication and physiological treatment in warding off the disease.

The character of this disease, especially when it has advanced so far as to produce complete occlusion of the vein, bespeaks the difficulty of its treatment.

Our first effort should be to control the phlebitis by the use of the remedy selected in accordance with its pathogenetic indications. Those most frequently required are either Aco., Ars., Bell., Chi., Crotalus, Ham., Lach., Puls., Rhus, Secale or Sul. We also derive much benefit from the external use of the same remedy, and sometimes relieve the suffering by applying Terebinth., Alcohol, Carbolized oil, and even Chloroform preparations or combined with the other washes. We should remove so far as is possible all exciting causes, mental as well as physical.

The advantages if not the necessity in severe cases of combining mechanical with medicinal treatment is apparent if not axiomatic. The limb should be elevated as much as possible, which at times, owing to the flexed position of the knee, is but little. We should also apply a roller firmly, beginning at the foot and if possible extending as high or even above the swelling, adjusting it each

day and using friction. While willing at all times to avail ourselves of everything which may relieve without interfering with the properly selected remedy; experience teaches us to rely principally upon remedies administered internally.

CLINICAL CASES.

F. R. SCHMUCKER, A. M., M. D.,

Reading, Pa.

CASE I.—F. F., aged 35, a pattern fitter, came to me in September, 1877, suffering terribly from neuralgia. Pain located over left eye, sometimes, though seldom, passing to right. The peculiarity of his case was that his pains always commenced at sunrise, increased up to 12 M., then decreased until sunset, when nothing remained except a soreness. About noon he was obliged to snuff up Ammonia to obtain temporary relief. Never any pain at night. Appetite always good. Had suffered from these attacks every fall for eight years, and they always lasted from five to seven weeks. Had taken Allopathic treatment in Albany, N. Y., and in Philadelphia with little or no benefit. Had suffered two weeks before he came to me. Under the head symptoms of Kali bi., in Jahr's Symptom. Codex, we read as follows: "violent shooting pains from the root of the nose along the left, orbital arch to the external angle of the eye, etc.: begins in the morning and increases till noon; goes away towards the evening. Gave Kali. bi., 2 c. Pain disappeared in a few days after taking seven powders.

Feb. 8th, 1878.—Patient continues well. Has had no recurrence of the pain.

CASE II.—Mrs. B., while at the bedside of her dying father, whom I was attending, became extremely nervous, complaining that she felt light, as if she would be raised from her feet and float in the air. Gave Moschus, 2 c., 3 powders. Next day she reported that she only took one powder, which "set her right on her feet again." See this symptom under the head Symptoms of Moschus in Allen's Mat. Med. To my knowledge this symptom was produced in a typhoid fever patient, by an ordinary Allopathic dose of Moschus.

Indolent Ulcers.—Of these I have had quite a number to treat within a few years, and never failed to perfect a cure. Treatment: Cleanse the ulcer with warm water and strong carbolic soap. Apply locally a powder of 1st. trit. of Merc. dulc. and prepared chalk. Then apply strips of adhesive plaster as recommended by Dr. Helmuth; bandage the limb from toes upward, and give internally the indicated remedy—generally Lach. 30, or Ars. 30. Occasionally I vary the treatment, but almost invariably find the above sufficient to effect a cure. The dressing is renewed every two or three days. After the ulcer is healed (if on the leg) an elastic stocking is indispensable to prevent a recurrence of the trouble. Our most prominent Allopathic physicians here pronounce these cases incurable.

NOTES FROM PRACTICE.

GEO. B. PALMER, M.D.,

East Hamilton, N. Y.

An article in the March No. of the HOMŒOPATH reminds me of a rem-

edy for scarlatina which often did me good service and which I think worthy of more general notice than is sometimes given it in the treatment of this malady. I refer to Bryonia. With too many Homœopathic physicians it is the case that when once satisfied that the disease is scarlatina, *Bell.* is of course the remedy, and it is held by many and taught that it is a *specific* which I do not believe. To any one who will take the trouble to institute a careful comparison between *Bell.* and *Bry.* in their *pathogenesis*, as related to this disease—it must be apparent that *Bry.* is a remedy of importance and in my own experience, I have found very frequently that this remedy given at the beginning without losing any time with *Acon.* or anything else has proved just the thing. I would use *Bell.* in preference if there was strong congestive symptoms, violent throbbing of the carotids, bloated face, &c., but otherwise in the ordinary forms, I have for the last sixteen years generally used *Bry.* 3x as my first prescription. The indications of fever, thirst, restlessness, nausea, &c., are in a majority of cases met promptly by this remedy. And even in the anginose form, the symptoms of the throat, tongue and fauces are often covered by the *Bry.* and yield readily to it. Of course other remedies may be indicated in the course of the disease and should be used when so indicated, but my point in this note is, that in very many cases of scarlatina *Bryonia* is a better remedy than *Bell.* or *Acon.* or *Bell.* and *Acon.* and that the facts as I view them do not justify the claim of the *specific* or *prophylactic* powers of *Bell.* In severe anginose forms of the disease I frequently use *Merc. binj.*, preferring it to other forms of Mercury. *Nit. fc.* is another remedy of use in this form

of the disease, especially if a diphtheritic tendency is manifest. This is also with me a very important remedy in the treatment of diphtheria.

DIASCOREA IN CONSTIPATION.

JULIA HOLMES SMITH, M.D.,

Chicago, Ill.

It has not infrequently happened that valuable characteristics of drugs have been discovered by accident, and it may be such is my good fortune in regard to *Dioscorea*.

The wild yam, *Dioscorea villosa*, is found in the Southern States, and I have seen it used there in heroic doses. It is claimed to be almost a specific in bilious colic, given in doses of *half a pint* of the decoction every half hour.

The homœopathic preparation of the drug has served me well in treatment of summer diarrhœa of infants; stools light colored, frequent slimy flecked with mucus; *the child drawing in the abdomen while screaming with pain.* *Dioscorea* has met my need in spasmodic colic, characterized by pain which radiates from the umbilicus, with nausea and flatulence. It has relieved, *not* cured, the nausea which sometimes accompanies congestive dysmenorrhœa.

Recently its merits have been tested in a new direction. A lady, aged twenty-three years, scrofulous diathesis, habitually constipated, and a martyr to dysmenorrhœa for ten years, applied to me for relief of the periodic torture. The dysmenorrhœa, the result of local lesions, is still under treatment, and I have been

from time to time appealed to for help for the constipation. "I do not remember when my bowels were regular a fortnight at a time. I never feel any desire for stool but about once a week, because I eat very heartily, the abdomen feels stuffed and bloated, my face flushes, my eyes are heavy and my head feels bad. I am sick of using cathartics, they relieve for such a short time, and injections are no use." I tried the usual remedies in low potencies, with no success, then ordered Nux vom. 200, six pellets to be taken every three hours during one day, to be followed by one dose Sulphur 30x next morning.

The Nux was taken as directed, but by mistake the patient took a dose of *Dioscorea* 3x in place of the Sulphur. The result was good, a healthful evacuation without pain, but much gas. The effect of the remedies continued one week, the patient having a daily evacuation; then the constipation returned. A repetition of remedies relieved again. The doubt then arose, which has done the work, Nux Vom. or *Dioscorea*? The patient was persuaded to try Nux alone; result, *failure*.

Dioscorea is the remedy for my patient. I use the 3x, 20 drops in half a glass of water, 1 teaspoonful every 3 hours until three doses have been taken.

Is this a cure? I do not know. About six weeks have passed, the remedy has been repeated as above directed four times. Whether the ultimate result will be the establishment of the normal function, time alone can show. Meanwhile, I would ask that clinical experience in this direction be reported by other practitioners. "One swallow does not make a summer."

AGUE.

17

A. McNEIL, M.D.,

New Albany, Ind.

Like your correspondent who writes in the *HOMOEOPATH*, page 65, I am from Indiana but not from the banks of the Wabash, but from the shores of the beautiful Ohio, 160 miles farther South. The Ohio, like her before mentioned tributary, sometimes reaches a height of 75 feet above low water and then spreads out over the "bottoms" like a boiling flood of chocolate, to sometimes miles in breadth and we have "right pert chills" here too.

Permit me to give to your readers "an o'er true tale" of my introduction personally, not by proxy, to them. The first summer after my arrival from Michigan, I retired without perceiving anything unusual to my lonely bachelor couch. In a short time I was seized with a terrible chill. The feeling of coldness was intense beyond description. I had all the pains that one body could hold at once, pains all over but more in the stomach. Thirst insatiable, I wanted to drink all the time and all I could get, but as it aggravated the vomiting I only took small sips but very frequently, this thirst continued till the end of the fever, vomiting and purging profuse and almost constant through both stages. But the mental conditions were the most striking, I was impelled by an irresistible force to move constantly from one place to another, to get up and to lie down again, to go out; I acted as if possessed; this continued through chill and heat also. The heat was as violent as the cold of the chill had been severe. The chill lasted from about 10 P.M. till I suppose 8 A.M., which

was followed immediately by the heat which continued till perhaps 4 or 5.

Severity characterized every symptom and phase of the disease except the sweat which was wanting. Not till the heat abated did I take any medicine owing to my semi-delirious condition and anguish of mind. Then I took two doses Arsenicum 30.

I was unable to go to my office that day, too prostrated "for any use." On the following day I staggered to my office but could make no visits, and that was the last attack or hint of one. On the second day I weighed myself and I was 10 pounds lighter than I was the day before I was taken sick.

During that summer, '74, there was a large number of intermittents having the same symptoms as I had in my own case, but I did not see any as malignant as mine and Arsenic. 30 cured every one of the recent cases. It was only in coming from the previous year that it was necessary to use other remedies. But my dear routine do not rush off and give Arsen. 30 or in any other potency as a specific for Indiana chills or intermittents in any other locality. At that time I had never paid any attention to the *genus epidemicus*, but in looking back to that summer which was very sickly, as in addition to the intermittents, cholera infantum and morbus, remittent and typhus-malarial fever prevailed, Arsenicum 30 was most successful in all these. At the States prison South the officers reported 15 cases typho-malarial fever with 7 deaths. I had almost the same number outside, one death, a man of 70, and this was the only case in which there was fever after four days getting Arsenic. I did not keep a record of my intermittents but I think I must have treated in the neighborhood of 200 cases and I did not learn of a failure. Each case was closely individualized

and Ars. 30 given because *indicated*. Now, it is a rule of evidence that no number of negatives can overcome a positive.

To make my Hoosier friend's report worth anything it would be necessary for him to give an accurate description of the cases in which he had given high potencies in view. If he gave to such a case as my own Natrum mur. 200 or a pound of common salt it would not have cured and vice versa, and yet I think I have cured 100 cases of intermittents with Natrum mur. 200.

Number of cases with Gelseminum very high, perhaps 75 with Apis 200, at least 100 with Cinch. 200 in children; many of them were in Michigan in 1870, a few cases with Bryonia and a good many with Rhus tox. last summer.

But close individualizing must be done to cure intermittents with potencies, *tuto, cito et jucundo*. I will illustrate, from my own experience. In August, 1878, I discovered that Nat. mur. would no longer cure intermittents as it had been doing some time. The fever blisters still appeared on the lips, the bone pains were still present, the insatiable thirst still continued and I could not see any change in the manifestations of the disease, the drug was that with which I had cured many cases. I carefully noted the symptoms of a number of patients, and after working a long time over Boenninghausen on intermittents, I discovered that Rhus covered the symptoms. I gave it in the 200, and again I was happy, but I soon found that some cases defied the 200, and then tried the 3d, which cured promptly. Why it was necessary to go down to the 3d I don't know. I merely state the fact. It is the only time I have found it necessary in intermittents.

I have frequently observed that when homœopaths put on allopathic garments, that they never get the latest and best line of goods, but always the worn out and antiquated "ole clothes" of our colleagues of the other school. And our Indiana neighbor picks up the chiniodine which has been discarded by the allopaths, and shouts "*Eureka!*" a specific for "children," although every progressive old school physician has given up the pursuits of specifics, and as he has searching for the elixir of life. I see the doctor says his specific must be given *persistently*. In that it has a strong resemblance to the patent medicine that would cure all the ills that flesh is heir to, if taken according to directions, internally, externally and—eternally. Well, let me show you a picture of those who take any of the forms of Peruvian bark *persistently*. "Has not their original disease been converted into a worse one, which does not, indeed, return at separate periods of an equal duration, but which is continuous, though more concealed? The patients do no more complain of the regularly out-breaking type of the fever; but behold the livid color of their bloated countenances, the dimness of their eyes! Behold how asthmatic they are; behold their hard and distended abdomen, the hard swelling of their loins, their lost appetite, their repulsive taste, the oppression which every nourishment produces on their stomachs; behold their undigested and unnatural stools, their anxious, unrefreshing sleeps, interrupted by all sorts of dreams! See, how they crawl about, as it were, faint, joyless, desponding, susceptible, out of humor and stupid, tormented by a greater quantity of ailments than was caused by their intermittent fever! How long does such a Cinchona disease

last which can only be relieved by death?" The artist who painted this picture is Hahnemann; and since I have been in the valley of the Ohio, I can vouch for the accuracy of the likeness. True! every poor fellow who takes Chiniodine is not thus poisoned. But when a case does arise after taking any forms of bark, it is easy to say it is the effect of Wabash chills.

But is it not passing strange how much difference it makes who gives the drug. The doctor says "the regular makes their heads hum with Quinine. Chiniodine doesn't." But when the regulars gave Chiniodine they were compelled to give it up owing to the gastric complications it produced. Yes, but the doctor says, "I give the 'ethereal' solution." Well, the solution may be ethereal, but the dose isn't.

Again the doctor says, "the proper indications for high dilutions are hard to get on the Wabash." I admit that it is harder to individualize a case on the Wabash, the Hudson, or the Ohio, than it is to give Chiniodine as soon as you have a case of intermittent. But because it is hard to "enter the strait gate" is not a sufficient reason why we should take the broad road that leads to death. I have spoken of my own experience, and I know that my readers will be glad to hear what is said by one who has had much more than I, viz., Dr. A. O. H. Hardenstein, of whom all I need say to those who have read the book, is that he is the author of the work on yellow fever that is an honor to him, and is doing much good in showing what can be done by homœopathy against that destroying angel. The doctor's field of practice is Vicksburg, Miss., 500 miles further south than Dr. T's, and surrounded by the over-flowed lands of the lower Mississippi. I take the liberty of

giving most of his letter in reply to my question of how he treated intermittents.

"In the treatment of intermittents, I adopt the potency of the remedy to the habits of the patients, their mode of living, and ability to follow strictly the prescribed rules of diet. Such as will smoke, drink coffee, etc., I treat rather with lower potencies. Those who will follow a strict diet, I give the 30ths, mostly the 200ths, 2,000ths, up to the highest. However, such remedies as Carbo. veg., Calc. carb., Baryta, Arsenic, Silic., Platina, Lycop., Sulp., Sepia, I never use below the 30th, I have certainly had my share of intermittent fevers, and can assure you have no trouble to cure them. It requires close study, accurate discrimination and correct memoranda.

We may sometimes feel perplexed by extraordinary symptoms, and the like, but by close watching, and investigating all the symptoms, we will at last find the simile and succeed. I here give you a singular case. The wife of the patient came to my office, and said 'my husband has chill without thirst, whining mood, etc.,' all symptoms of Pulsatilla. I gave the 30th, chill continues, gave the 12th, still chills and the 3d with same result. I then told her there was something wrong. I went with her. All the symptoms are as described during the chill. While I was at the bed-side, he threw off the covers; the fever had set in. His wife then got up and says: 'I have to go to get his tea,' 'How?' 'Why,' she says, 'he cannot drink anything but hot tea during fever.' I exclaimed 'that is what is wrong, and what I have been looking for.' Gave him Cascariil. 200, three doses at intervals of two hours. He did not have another chill. Certain years have certain types. Several years ago most cases of chills were

cured by Ipecac. 30, the next, perhaps, by Nux. Last year Natrum mur. this, most of them are controlled by Eupat. perf. A characteristic of this remedy is yawning and stretching before chill, nausea and vomiting during latter part of chill, and beginning of the heat, I use the centesimal scale. This gives you an insight into my way of practicing, and mode of thinking. You all fear yellow fever. It is a dangerous disease, but very easily managed, if good nurses take care of the patient, and he has not dosed himself, it is easy. I never feared it as I have plague or cholera. I am sorry to be obliged to say that I have but little sympathy for the Western colleges. They are mostly more eclectic schools than homœopathic ones. We have now the microscopists flinging flimsy darts at such men as Hering and his confreres, calling high dilutionists, mystics, etc. Poor Hempel, with all his merits, he has done injury to the true practice of medicine. He wanted to erase Causticum from the list of our remedies; one of the most reliable and active agents we possess. I give you a case in hand.

A young, handsome widow, with one child, had cysto-vagino-rectal fistula accompanied by piles. Her brother-in-law, then an allopathic physician, told her, after careful examination, that not even a surgical treatment would be admissible. He, therefore, honestly enough, advised her to consult me. I gave her Caust. 6,000, six powders, one every two weeks, strict diet. Saw her again in three months; then one dose Silicea, and one week after three more doses Caust. 6,000, a dose every fourteen days. After six months treatment she had no more symptoms, and is still well. This happened in 1865. Her brother-in-law is now a homœopathic practitioner in California.

I treated, not long ago, a cancer of lower jaw, right side, which had been burned with caustics and the actual cautery, but always returned. The patient showed all the symptoms of Sulph., square, stooped shoulders, pale, emaciated. The tumor had been at first simple epulis, but by irritation had assumed all the symptoms of a cancer, with excessive vascularity. I showed the tumor to my two sons, who were rather sceptical regarding high potencies. I gave Sulph. 5,000 every fourteen days two doses; the second month one dose Silicea 6,000, the following month two doses Sulp. 30,000, every month interpolating, Silicea or Calcarea 6,000, going up to the 50,000, 100,000 and the 1,000,000. I dismissed him after nine months saved and well. I have had many such important cases.

Yours.

A. O. HARDENSTEIN.

P. S. I would like to see the soul of a microscopist under the most powerful lenses. H.

I am willing to allow your readers to judge whether the intermittents of the West and South demand allopathic treatment.

A CASE OF ASTHMA.

F. W. ADRIANCE, M.D.,

Watkins, N. Y.

Stephen F. D., age about 65, nervous temperament, came under my treatment for asthma in the Summer of '77 after he had tried various treatments and many patent medicines which were recommended without being more than temporarily relieved. Was suffering with nightly paroxysms,

much reduced in flesh and strength, could walk but a short distance. His history was as follows: Occupation, carpenter and builder; has been a strong healthy man able to endure hard work up to three years prior to his coming to me when he suffered from a severe attack of pneumonia. From this attack he dated his asthmatic difficulty. His symptoms were. Headache commencing in the nape of the neck, comes forward over the eyes; worse over the left eye; hot applications relieve. Pain in the eyeballs with dimness of vision. Sensation as of a cavity at root of nose, dropping of clear water from nose, at times a thick white discharge.

Smarting tickling sensations in throat extending to the lungs on coughing; cold washing relieves.

Expectorates much whitish mucus, mucus tastes like lard or tallow. At times much difficulty in raising mucus. Dry wheezing cough. Eating sugar aggravates; some pickles relieve it. Cough worse after midnight. Sensation of faintness and a weak feeling in the lungs. Great difficulty in breathing; can inspire but can't expire readily. Nausea, cyanosis, profuse warm sweat, palpitation of the heart; has to have the doors and windows open; breathing and pulse rapid. At times is relieved by retching wind. Sharp stitching pain in both sides. Very restless during the attack, throws his head from side to side. Sensation as if a handkerchief were tied tightly about his neck.

Usually the attacks are much worse before a storm; damp south winds aggravate the condition. The cough which he has constantly is worse when exposed to the heat of the sun. Appetite poor. Good digestion. Action of bowels and kidneys normal; no mental depressions. Suffers much from cold feet and knees.

He was placed upon *Ars. cm.* for two weeks with some benefit. Then *Ars. 3x trit.* was given with no improvement. *Lach. 3x* was next used with a considerable amelioration of his paroxysms. *Carbo veg.* was also used. The case not improving as I desired, again his history was investigated thoroughly, bringing out the fact that just before he had the attack of pneumonia he fell from a building and when picked up was lying with the back of his neck across a joist. He remembered that for a long time much pain and tenderness was experienced in the cervical region. The history of the fall led me to think that possibly the asthmatic trouble was the result of spinal concussion. Hering gives this symptom for *Hypericum* "spasmodic asthmatic attacks with changes of the weather from clear to damp or before storms, after lesions of the spinal cord by a fall years before." *Hypericum 2x* was given for four weeks with a rapid general improvement. The asthmatic paroxysms came less frequently and more light. His general health improved. Up to the present time (over two years) there has been no relapse. He works nearly every day and experiences no difficulty in going about as he pleases.

CHOLERA INFANTUM.

13

THEODORE MEURER, M. D.,

New Albany, Ind.

In your valuable monthly you printed an excellent article on "Summer Complaint and Cholera Infantum." The therapeutical part has

been handled by our best men and it would be carrying owls to Athens to say much more on the subject. The object of this article is to point out some facts by which we will be able to circumvent this enemy of the nursery or at any rate make it less dangerous. Why is it these summer diseases of children are so serious in the United States and not nearly so distressing in other countries, with the same changes of the atmosphere? For instance, the city of Munich, Bavaria, is a perfect plateau, exposed to the chilling southwinds from the snow-covered mountains, and yet it is unaffected.

It must have different causes and these I desire to expose in your journal, and by a careful co-operation of all homœopathic physicians great good can be done and many children saved.

In my practice of nearly thirty years here and in Louisville, I have made it a rule to prevent disease as much as possible, by telling my patrons where they err. Much sickness can be avoided in this way. In order to do right we must begin with the birth of the child. As soon as the child is born and cries, the old grannies and nurses conclude that the infant has either the colic or is hungry. Catnip tea, crackers in milk and other stuff is forced in the stomach instead of allowing what is really needed, rest and sleep. Here the physician should explain why a child should cry. In order to fully establish the double circulation of the blood and firmly closing Bofally's valve. The mother gets a little castor oil to move the bowels; the baby from the first time it sees daylight is drugged with all the humbugs of the land. In the false pride of having a fat child, the poor nursling must continually swallow food, like a Strasburg goose. Nobody tells the poor

mother how injurious such a proceeding is. If you ask such people: "What do you give your child to eat?" "Oh, our baby eats what we do." Did Nature give a child thirty-two teeth? No, only twenty. A hint that twenty teeth shall not do the work of twenty-eight or thirty-two.

Sometimes the mothers fall into the error of nursing their offspring too long. They expect to prevent conception again and the signs in the almanac are wrong for weaning. For conception all signs are right, but for weaning they are not. Let a family physician use his influence to have a child bathed, nursed and weaned in time and the great bugbear summer complaint will lose a great deal of its horrors. I have attended ladies four to six child births, some of whose children are already married. But to one matter I give particular attention, that is the nurses and old grannies. In more than one instance I have made them waltz out in quick time when they attempted to interfere with my directions. When children, after having been drugged and overfed, get sick and their poor deluded mother comes to the office of the physician, the first question they ask is, "Don't you think my child is suffering with worms?" My great "worm" remedy in my own family is, a healthy diet according to age and constitution and a brisk rubbing of the bowels two or three times a day. When the summer complaint makes its appearance, the first thing frequently done is to check the bowels by giving the patient all sorts of brandy and spices. The error is in the fact that the temperature of the stomach and bowels is too high already, and the contents which are exhaled or secreted in the intestines are quite unfit for the system and instead of retarding their expulsion by stool and inducing blood-

poisoning, it is far better that they be passed out.

THERAPEUTIC JOTTINGS.

GEO. M. OCKFORD, M.D.,

Burlington, Vt.

CASE 1.—Lady, nervous temperament, after over-use of eyes, complained of dimness of vision, with pain and aching of the eyeballs; was unable to use eyes for continuous exertion. *Ruta grav.* 30 gave prompt relief.

CASE 2.—Man, nervo-sanguine temperament, addicted to reading by gas-light, had weakness of sight; eyes red and blood vessels prominent; eyes were also sore to touch, becoming more so and accompanied by aching from use. *Macrotin* 3 powder four times a day relieved.

CASE 3.—Child aged 8, scrofulous diathesis, after scarlet fever, had suppurative otitis, destroying tympanum, &c. Two years after, case came under my observation. At that time inflammation extended to internal meatus, and there was profuse discharge of a muco-purulent, foul-smelling secretion; at times yellowish, and at other times sanious. *Silicea* 200 internally and a solution of *Sodæ bicarbonas* applied locally. Improvement followed, but discharge did not wholly cease. *Kali hydriof.* 6 was then given, and a wash of *Kali bichrom.* applied locally. The latter was prepared from a solution of the drug ten grains to the ounce. Of this latter enough to slightly tinge the water was used. Inflammation and discharge ceased, and general health much improved.

CASE 4.—*Sub-acute Gastritis.* A light haired, delicate boy, had been subject to attacks of vomiting and indigestion. Was fed on "patent barley" when an infant. Had been dosed with Hydrarg. cum creta, Magnesia, etc., ad nauseam, without benefit. Least exposure aggravated troubles, and the boy was "always taking cold." Tongue slightly coated, with papillæ red, enlarged and prominent; appetite fitful; tenderness and pain over region of stomach, and after eating bloating and uneasiness. Hydrastis 2 in water four times a day. Baths prepared with sea salt were also directed. Improvement was immediate and permanent, and at end of two weeks patient was discharged from treatment.

CASE 5.—Child aged three years; had frequent attacks of indigestion. These attacks came as often as every three weeks at times, and then a month or two would elapse. Came on suddenly with vomiting, frequently ejecting food eaten twenty-four or thirty-six hours previously. Immediately breath became fetid, and tongue thickly coated with dirty, slate-colored covering; fever was also present. Attacks would continue for from one to three days, leaving patient prostrated. Baptisia 1st and Iris vers. 6 relieved and shortened attacks. Lactopeptine twice a day, two grains after breakfast and dinner, prevented further attacks, and general health greatly improved.

CASE 6.—Man over 70 years of age had seven years since had pneumonia. Since that time had dry, irritating cough, arising from tickling in the larynx; was always worse in cold weather, and was particularly troublesome at night, when it became paroxysmal and incessant. During the day it was infrequent. Had taken numerous allopathic mixtures without any permanent benefit. Cuprum acet.

3 greatly ameliorated, breaking up the paroxysmal nature of the cough, and Conium 30 completed the case.

CASE 7.—Man had after shaving eruption of chin; eruption was in patches, with exudation forming yellowish crusts, accompanied with much itching. Graphites 30 and a topical application of Chelidonium (5 ss); Glycerine (5 j), and Rose water (5 ijss) speedily effected a cure.

THE OTHER SIDE OF THE COLLEGE QUESTION.

BY

H. C. ALLEN, M. D.,

Ann Arbor, Mich.

"Oh! wad some power the giftie gie us."

In a recent address before the Alumni Association of Cleveland Hospital College, the writer attempted to show the necessity for a higher standard of medical education in all our colleges, but particularly in the matriculation examination. That in justice both to the college and the student, no one should be allowed to matriculate until he had passed the entrance examination.

In the early years of all our colleges, when the demand for men of the homœopathic faith was far in excess of the supply, if a student only possessed the financial ability to "fill the bill," his qualifications did not undergo a very searching scrutiny. Many were allowed to enter the medical fold far better fitted to adorn the plow than the sick-room.

This loose method of allowing unqualified candidates to graduate was not only a serious blunder on the part of the colleges, but a gross injustice to every worthy alumnus: and it has caused many a blush to mantle an

honest cheek; has retarded the advancement of our school; has prevented the adoption of our principles by those whose aid we needed most, and whose assistance we were most anxious to obtain; and thus in the end has defeated the very object it was intended to fulfil.

But, *even now, the keen competition for college patronage perpetuates an error, which the struggle for existence at first inaugurated.* Is it not about time that the alumni of our schools were aroused to the necessity of taking some action, of adopting some means by petition or otherwise, by which unanimity of purpose between the colleges and the profession may be secured and the evil abated.

Standing as sentinels at the portals of the profession, having in keeping the honor of the alumni, our colleges are in duty bound to see to it that the standard should be sufficiently elevated to ensure respectable professional attainments; especially a reputable English education. This, of necessity, involves a *matriculation examination*, a thorough medical curriculum, a three-years' college course of not less than six months each, and a complete hospital training in practical medicine and surgery. "Cramming," in two courses of four months each, can never take the place of a thorough medical curriculum, particularly where the student does not even possess the rudiments of a common school education. With a higher standard for our students, and firm adherence to our principles—the principles enunciated by Hahnemann—the future possibilities of our school are boundless; and to a great extent it remains with our colleges to determine whether we enter into Canaan or perish in the desert.

But other reasons demand an earnest examination of this question.

It is imperative for the well-being of our school, "that we "practice what we preach. For years it has been a favorite *theory* with the other school, that "*any one can study and practice Homœopathy*;" that no particular educational requirements were demanded, hence none were essential. And the better educated class of Allopaths have even gone farther, and affirmed the belief that "a thorough and liberal medical education would kill Homœopathy," because "no educated man could practice such a delusion." As reformers in medical science *in name*, is it not the imperative duty of our leaders, our teachers, our colleges, to make it a reform *in fact* as well as name? Hahnemann inaugurated a reform in medical practice; let it be ours to elevate the standard and inaugurate a reform in medical education. The profession and the public are ready and willing to assist us. What object can be gained by delay? Why wait until the curriculum has been elevated and the standard adopted by every Allopathic college in the land, and then reluctantly follow their example? For once, let us demonstrate that we are capable of taking the initiative; and do the "culling" in selecting "the material" with which to replenish the ranks. Ours is the progressive, the liberal, the investigating school of medicine; and we have progressed in everything else much more rapidly than in education. In the majority of our colleges, *the matriculation examination is just the same it was twenty years ago, viz., no examination at all.*

As practitioners, we can never inform our students of the educational requirements demanded to enter the profession until they are first promulgated by the annual college announcements.

Hence we would say to all our col-

lege Faculties, banish petty inter-collegiate jealousies; unite in giving us an elevated standard; make it *specific*, not *general*, and we will bring our students up to the requirements. A "reputable English education," or "scholarship," which appears in some college announcements, without any examination to ascertain what "reputable" means, is too vague and indefinite to be of any use whatever. Were it not for the disastrous consequences, we might look upon it as a huge joke, perpetrated by the witty member of the Faculty.

But while it is incumbent upon our colleges to guard with ceaseless vigilance the entrance to the profession; on the other hand, we, as alumni are not wholly guiltless. Like charity, the reform must begin at home. Give our colleges *our undivided support*, then hold them strictly responsible for results. Let us *first* do *our whole duty*; then we are in a position to dictate terms. We respect, and the people admire, scientific and literary attainments in a medical man irrespective of school and "pathies;" and in all schools there is a growing tendency to attain this desideratum. This looseness of our colleges in matriculation examinations has led many members to believe that the only way to obtain this much sought after respectability is to attend some Allopathic institution; hence our students devote the best years of their college life (the first years of study) in the obtaining of vague and crude pathological theories, worse than useless in practice, a millstone of doubt and uncertainty about their professional necks, from which the probabilities are, they will never be completely free.

There never was a more mistaken idea, a delusion fraught with more real detriment to our cause than that our students can acquire scientific at-

tainments *only* in Allopathic colleges. Is it to be wondered at that we have generalizing, palliative treatment and no faith in the curative power of our remedies? With what self-confidence is a student inspired, when in the closing days of a college course he is gravely informed by his Allopathic teacher, "That with good nursing the majority of your cases will recover *without* drugs, and the remainder *in spite* of them." This is the parting benediction he receives from his Alma Mater, which was to give him respectability and scientific attainments. And for this he sacrifices what? All that is or should be dear to every Homœopath—our *Materia Medica*, the distinctive feature of our school. As surely as effect follows cause, this leads to doubt and uncertainty in practice, in the alteration of remedies; in the coition of half a dozen in the same vial; polypharmacy in all its eclectic beauties; and last but not least the test promulgated by the Milwaukee Academy. This is "sowing the wind and reaping the hurricane." And directly or indirectly, are not our colleges to a certain extent responsible for it?

"Watchman! tell us of the night,
What its signs of promise are?"

The following illustrations of our present method of teaching—the result of not having a matriculation examination—are taken *verbatim et literatim et punctuatim*, from the papers of a recent examination of the students of a medical college. Comment is unnecessary.

STUDENT NO. I.

"Typhus fever nevr fond in yong subjees in person 35 to 40 years age."
Remadas Varat.

"Typhoid fect old & yong Person
fect the Genral sistom with Pross-

tration with hening from Bowles by fever."

Remdas
Baptisa & Rustox."

"Yellow fever com on with cill and yelow skin Grait Prostration and Black Vomiting.

Remda Camphor.

Intermittg feve com on with cill fever caus by maller

china Arcencum."

"Erysiples is inflamitory skin infection com on with chill then fever, the skin is of bright Red color.

Remda Acnit."

"Measels is eruptive diseases of sking with with Redspot over Body. Puls Gelsmine Bell scarlet fever it has throuth simtons with the scarlet eruption and strobary tung. Remada Bell Rhustox."

"Cholera it Epidemic characterised by vomiting and purging and a rise water discharge. Rem. ars. Nux. Cholermorbus is a bout the same simtion is Brot on by eating bad food. Verat Ipec. Dystary is a dis ease of Rectum Bloody and Mucus stuls. Nux mer"

"Tuberculosis it is a disses of malnutrition tow varito the yelow and gray.

Natur is cute and chronic the sines is dulnes on percution. Rem nux. atemonia Phos."

STUDENT NO. 2.

"Typus and Typhord dit Diag. ar Symalar in a good menny respects is first is mental symptains and the skin has extravasated blod under it in Typhoid there is Inf of Pteropathus and the rare colored spots on chest and Abdom. Rem Bap. Bry Bry Tox."

"Yellow and Intermittent dif. Diag. Inter. is issured in with a chill folowed by a fever blue nails and hide Pale."

"Yellow fever is issued in with a high fever and folowed by Black vomiting.

Remedies for Intermittg at china. nux. arcen. Yelow Ipacack arc."

STUDENT NO. 3.

"Typhes fever comes on with a chil folowed by high fever pain in Back and hed. Tem runs very high at P. M. and low A. M. shorter in duration than tyford fever proper Bell. Bry."

"Tyford fever comes on with diarrhoea, Headache. Prostration, weakness, delerium, sleepness, dry mouth, high fever. Puls quick and feble, the 8 or 10 *da* a fine eferecence, on the skin its duration is from 3 to 4 weeks and the last week the *Tem.* begins to decreas"

"Treat.—Give a cool pack three times a day to reduce the Tem. for 7 or 8 *da* and give Bry and Rhus Internally."

"Yellow fever is miasmatic contagious and endemic mostly Flourishes in hot climates. Rhus."

"Intermittent is purely mailarial countries. china, or the indicated remedies to mention here."

STUDENT NO. 5.

"Yellow F. generally comes on with vomicking, purging and chill or feels chilly, pulse become very quick and Temperature *high* skin yellow, with great prostration; wants lots of water. Treat. Ars. Nil. ac Ipec Zincum *Acet*"

"Intermittent F. begins with chill or chilly senccations folowed with fever, quick pulse. Dry Tounge. Wants lots of water. The fever is up one day and not so high the next. *Acet Ars China.*"

ROSE COLD.

Burning and stinging for years in bridge of the nose with full distended feeling; complete obstruction so he could only breathe with mouth open. Much sneezing, profuse discharge of bland, watery, very thin

mucus; persistent itching and tingling of the alæ nasi at their junction with the lips. Sneezing much worse

indoors. Nose swollen, red, and ludicrous to see. Eyes watery and weak. *Sabadilla* 200 cured.—*Herc. Veres.*

UNIVERSITY OF MICHIGAN--CLINICAL REPORT HOMŒOPATHIC MEDICAL DEPARTMENT.

ANN ARBOR, MICH., May 23, 1888.

FRANK S. G. FROELICH, WILSON, CLINICAL REPORT.

Name, Age, Sex, Occupation, Residence, Date of Admission.

1. Miss McC. 47 — Tetanus of eye.....Arsen., 3 per day.
2. R. W. S. 37 Diabetes mel.....Phos. Ac., every 2 hours.
3. Mrs. A. 48 Glaucoma.....Enucleation.
4. Mrs. B. 50 Senile Cataract, left eyeLet it alone.
5. Mrs. R. 27 Chronic Bronchitis....Sanguin., 3 per day.
6. Mrs. T. 52 Catarrh of eustach. tubeMer. sol., 3 per day and Phos.
7. W. D. A. 23 Astigmatism.....Sulph., 1 per day and glasses.
8. Mrs. McC. 50 Blepharorrhoea lach. sac.Nat. Mur., 1 per day and opened duct.
9. Miss McC. 40 Chalazion.....Hepar Sulph., 1 per day and glasses.
10. W. M. 40 Diverging strabismus...Operated for Strabismus.
11. John McC. 35 Narcotism.....Nux Vom., 1 per day, 3 per day.
12. J. W. S. 24 Phthisis Pulmonalis....Ars., 1 per day. [hibited.
13. P. O'C. — Blindness.....Treatment continued.
14. Wm. H. 22 Bronchitis.....Nux Vom., 2 per day.
15. Louis W. — Scrofulous Eruption...Dismissed cured.
16. Mrs. F. R. 27 Asthenopia.....Bell. and glasses.
17. Alta V. 25 Epilepsy.....
18. Alice P. 18 Erythema.....Nitro. Acid., 1 per day.
19. Charlotte G. 32 Ague.....Sulph., 1 per day.
20. Thomas B. 52 Cornual Ulcer.....Mer. cor., 3 per day.
21. B. S. 64 Epilepsy.....

FRANK S. G. FROELICH, WILSON.

Name, Age, Sex, Occupation, Residence, Date of Admission.

22. Mrs. S. 36 Vesico-vaginal fistula...Operation (Simm).
23. James P. 18 Lateral curvature.....Plaster jacket.
24. C. E. S. 37 Impermeable stricture..Mechanical dilatation and operation.
25. Mrs. K. 52 Mammary tumor.....Iodide of Am. and Phys.
26. Hattie I. 41 Pott's Disease.....Plaster jacket.
27. Martin M. 19 Syphilis.....Mer. cor. 4 per day.
28. George B. 27 Burn.....Calendula cream.
29. T. McF. 32 Orchitis.....Sulph. 3 per day.
30. Harry W. 20 Stricture.....Mer. cor. 1 per day.

an unprejudiced physician should be sent to Europe to examine asylums and treatment there, and make a report thereon for the benefit of our legislators?

VACCINATION AND REVACCINATION.

The faithful opponents to that relic of barbarism, vaccination, introduced by the well-meaning but crotchety Jenner, have been again defeated in England by old fogysim, so indomitably implanted in its parliament and upheld by the bourbonism of the majority of the medical men of that country.

The committee who had charge of investigating the propriety of making vaccination compulsory, declared:

That it is right and proper and of great benefit to the community, that every person should be compelled to be vaccinated; that, though syphilis and other infectious diseases may possibly be conveyed by inoculation during the process of vaccination, still the system of vaccinating from arm to arm is a good one, and should be continued. They further declare that bovine vaccination is a good and efficient protection against small-pox. *It is, at the same time, recommended that experiments be made to ascertain the absolute and comparative value of bovine virus as a protective against small-pox.*

This is the first step to saddle upon the people more firmly the barbarous law, which compels them to introduce into their bodies a dangerous poison,

to lull them into a fancied security against a probable attack of small-pox.

And the committee have come to this conclusion in the face of statistics which would convince any unprejudiced inquirer of their utter fallacy.

From the statistics taken from the Registrar-General's return, by Dr. C. L. Pearce, we learn that: Vaccination was made compulsory by an act of Parliament, in the year 1853, again in 1867 and still more stringent in 1871. Since 1853 they have had three epidemics of small-pox, each more severe than the one preceding. The first epidemic was in the years 1857-58-59, with a death rate of 14.244. The second was in 1863-64-65, with a death rate of 20.050. The third was in 1870-71-72, when the death rate increased to 44.840. The increase of the population from the first to the second epidemic was seven per cent., while the increase of small-pox was nearly fifty per cent. during the same period. The increase of the population from the second to the third epidemic was ten per cent., while the increase of small-pox during the same period was nearly 120 per cent.

The death-rate from small pox in the first ten years, after the enforcement of vaccination from 1854 to 1863 was 31.515, and in the next ten years, from 1864 to 1873, it was 70.458. What a fearful comment upon vaccination!

The latest parliamentary returns

entitled "Vaccination Mortality," No. 433, of the session of 1877, published by the Registrar-General, shows the average number of deaths per annum of infants under one year, from fifteen specific diseases which are inoculable or intensified by the introduction of inoculable matter, as follows: Prior to the vaccination act there died in the year 1847 62,619 infants out of a population of 17,927,609. In 1854 there died 73,000 infants; in 1867, 92,827, out of a population of 20,066,224. In 1868, 96,282 died. In 1875, 106,173 infants died out of a population of 22,712,266.

Out of 80,000 small pox deaths given in this return, 43,000 were under five years of age, a period of life when vaccination (which was enforced by law) is held to afford absolute protection.

And yet in the face of such an official record, we see this old-fogy committee recommend this relict of barbarism (enforced vaccination) to be saddled upon the people of England, Scotland and Ireland, and thus offer a new host of victims upon the altar of perverted medical prejudice.

Here in this country, where the constitution guarantees to all its citizens the sacred right to protect their lives and health from injury, we have thus far been spared from the full effects of this infliction. Only in a modified form has it been imposed upon the community. The children of parents who dread the inoculation

of syphilitic and cutaneous diseases for their offspring are punished by being prohibited from sharing in the advantages of public school education, for which their parents are taxed. Is this right? Is it not even a step toward further encroachment upon the rights of individuals to judge what is best for their health and that of their families? Should the crotchety actions of any portion of the community, even if composed of medical men, be permitted to legislate for another portion to the extent to cause physical or mental injury? The subject of vaccination and revaccination is one of vast importance to all, and has by no means been satisfactorily settled by this report of an English committee appointed by Parliament. We trust that it will be well ventilated by our own physicians before our legislators are permitted to make it compulsory in this country.

THE RECOGNITION OF HOMŒOPATHY BY THE PUBLIC AUTHORITIES.

A number of gentlemen, of the highest standing in Boston, have appointed a committee to petition the authorities for the recognition of their right to have the practice of homœopathy recognized in the City Hospital, or to grant them a public hospital in which the patients could receive homœopathic treatment.

We regret to see that our brethren of the allopathic school are highly in-

dignant at the modest request of those tax-payers to secure for their friends, and the poor, the treatment which they deem best, while they are required to contribute to and assist in the support of these public institutions.

Almost all the allopathic journals who refer to the subject, do so in unqualified terms of disapprobation. Even one of our contemporaries which has generally been somewhat liberal and charitable, in treating what it calls the irregular school of practitioners of medicine, refers sneeringly to the effort, and treats contemptuously the hospitals in which the homœopathic practice prevails. Experience, we should think, ought to have taught them that a persecuting spirit will never succeed in overcoming a cause or doctrine honestly believed in by its adherents.

In another column will be found a communication from Illinois, where a similar spirit seems to prevail, and which manifested itself in a more aggravated and ungentlemanly form.

Dr. J. H. Buffum, late resident surgeon of the New York Ophthalmic Hospital, having been elected to the Chair of Ophthalmology and Otology in the Chicago Homœopathic Medical College, has succeeded to the practice of the late Professor W. H. Woodyatt.

We congratulate our colleague Dr. Buffum on his election to a chair for which his previous studies, experience and peculiarities, have so well fitted

him, and wish him success in his new location. We may also congratulate our Chicago brethren, for they have secured the services of an oculist who would be a valuable acquisition to any college in the country.

COLLEGE COMMENCEMENT.*

The New York Homœopathic Medical College held its twentieth annual commencement on the evening of the 5th of March, at Chickering Hall, corner of Fifth avenue and Eighteenth street. Thirty-three young gentlemen graduated and received their evidently well earned and merited diplomas of doctor of medicine. They had all the appearance of intellectual young men, who would not shrink from any mental labor requisite to become expert in their chosen profession.

Dr. J. W. Dowling the dean of the faculty presided, and after prayer by the Rev. Robert Collyer, addressed the audience on the merits of our school. He very properly alluded to the arrogant claim of the old school, of being the only regular physicians, and thereby implying that all others are irregular. He insisted very justly that all medical practitioners and medical schools legally recognized as such by the State and the laws of the country, are regular and have equal rights as such in the community. He emphasized this statement, by showing that the United States authorities had taken the same view, when they ap-

* This article was written for the April issue, and omitted through oversight.

pointed Dr. Verdi a leading Homœopath as member of the National Board of Health.

Mr. Wales the President of the Board of Trustees then conferred the degree of Doctor of Medicine upon the candidates, and while doing so gave them some good fatherly advice.

The faculty prize of one hundred dollars, for the highest standing in all departments, was given to James R. Lilienthal of the graduating class, and Carrol Dunham, Jr., received honorable mention as having passed the next best examination.

The valedictory address came next in order, and was somewhat interesting on account of the emphatic manner with which the speaker enlightened the audience on the advanced views he held of medical ethics and medical State laws.

The Rev. Dr. Collyer then addressed the graduates, and kept his audience wrapped in attention during the whole of his discourse. Humor, pathos, kindly advice and happy anecdotes, were so charmingly mingled together, that every one was evidently much interested and deemed his address altogether too short.

The music was excellent and well selected. We never saw a more brilliant or happy looking audience in Chickering Hall, and all would have been well pleased if the pleasure had not been partially marred, by a stupid usher on the left side of the hall, who by his boorish manner and impudence annoyed some of the ladies

very much. The parties who select ushers for such occasions, ought to be careful to select gentlemen accustomed to good society and who fully understand the part they are to take.

REVIEWS AND NOTICES OF BOOKS.

SURGICAL THERAPEUTICS. By J. G. Gilchrist, M. D. Third Edition Revised and Rewritten. Duncan Bros., Chicago.

That a third edition of this valuable work is called for, is certainly to some extent proof that it is appreciated. The author though a surgeon relies evidently upon medical treatment, which always shows a bias toward conservative surgery. He is more-over a true Homœopath even as a surgeon, which ought certainly to secure him our confidence. His work will prove a valuable book of reference to all who are from time to time called upon to practice in surgical cases. No student of Homœopathy should be without it in his library. The copy for examination was sent to us by C. T. Hurlbut of this city, who has the book for sale.

ETUDE SUR LE TRAITEMENT HOMŒOPATHIQUE DE LA CONSTIPATION.
Par M. le Docteur H. Bernard.

Every Homœopathic physician recognizes the fact that constipation is not a disease, but always the symptom of a disease. It is therefore the duty of the physician to discover the cause and treat it, when the effect will soon disappear. But this occasionally takes a long time to do. If we can in the meantime relieve our patient to some extent even temporarily, we certainly gain much. This the careful reader of this treatise will learn to ac-

comply. His preventive and hygienic treatment will prove very useful and instructive to the young practitioner. His palliative and surgical means are few and curious.

The treatise has neither table of contents nor index, certainly an oversight.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. HERING, M. D. Vol. II. J. M. Stoddart & Co., for the American Homœopathic Publishing Society, Philadelphia.

When the first volume of this work was issued, we expressed our unqualified opinion of it. We pointed out and recommended the valuable part, and endeavored to show wherein it was defective.

The second volume is certainly an improvement on the first. It is more condensed; we do not meet with so many repetitions, and a number of doubtful symptoms are omitted. It is much more than the first a guide in moments of doubts or perplexity to the physician who, harassed with a large practice and want of time, seeks council from its pages. It will prove a solace to its possessor.

DISEASES OF THE BRAIN AND NERVOUS SYSTEM. By J. Martine Kershaw, M.D., Chicago. Duncan Bros.

We have received only the second part of this work, which seems to argue well for the rest, but not having seen the first part, can hardly form an idea of the author's plan.

CURABILITY OF CATARACT WITH MEDICINE. By JAS. COMPTON BURNETT. M. D., F. R. G. S. Hom. Pub. Company, London.

This is an attempt to show the

power of homœopathic treatment, in a new field, one that properly belongs to surgery. The author is certainly enthusiastic in his belief, and tries to prove it by facts. While we would gladly hail a treatment, which enables us to do away with the knife, in order to cure any ill to which flesh is heir to, we are still not convinced, after reading this little volume, that all cataracts will yield to the treatment indicated by the author. But if it should lead others to investigate the subject, and probably add such facts as will ultimately establish the treatment proposed as invariably successful, it will have fulfilled its mission. Specialists ought to give it their particular attention, while it will prove interesting reading to the general practitioner.

THERAPEUTIC MATERIA MEDICA. By H. C. Jessen, M.D., &c., &c., Chicago. Halsey Brothers, Publishers. Price, cloth \$4.00.

This is a new work on *Materia Medica* in a condensed form, arranged on the comparative plan, (although the author distinctly disclaims any intention of writing a *Comparative Materia Medica*), and embraces a comparison of the chief symptoms of two hundred and sixteen of the principal polychrest remedies. Dr. Gross was the first to attempt a comparative work on this difficult branch; and although it is a most admirable work—a perfect mine of wealth for the careful prescriber—it is unfortunately not so arranged that its treasures *are unlocked without study*; but like Boenninghausen's *Manual* it amply repays the careful student with the richest of harvests.

Dr. Johnson in his *Therapeutic Key* has also by another method, arranged a form of bracketed com-

parison which has been of almost invaluable assistance as a ready reference for the busy practitioner.

But as there is no "short-cut," no easy road to a knowledge either of mathematics or *Materia Medica*, every attempt to simplify its study and thus the sooner enable a student to acquire a better understanding of this corner stone of medical science, should, if made in the right direction, meet with favor by the profession; *and this work is made in the right direction, and will aid the student greatly.*

The design of the author has been, "First: to bring as many remedies as possible before the eye at once. Second: to place such remedies together as are naturally related (e.g.—the insect or serpent poisons) and, Third: to give an enumeration of the most important diseases, to which the pathogenetic symptoms of the remedies correspond." In the first two the author has accomplished his task as well as any condensation could do; but in the last the comparing "of the most important diseases" is wholly unnecessary and misleading, and even "the corresponding pathogenetic symptoms" or "reported cures by well known authorities," will hardly be a sufficient excuse for its introduction in a work of this kind.

To know that dysmenorrhœa has been cured by *Apis*, *Canth.*, *Lach.* or *Sepia*, is of very little practical value unless we be given the peculiarities of each individual case.

Under the rubric "Special Remarks," the aggravations and ameliorations, right and left sides, are so concisely and well arranged, and of such inestimable value as an aid in selecting the proper remedy, that the purchaser would be well repaid did the book contain nothing else. The typographical part of the book is well

executed and the publishers have demonstrated the fact that a book *can be* well printed in Chicago. It reflects credit on the enterprise of Halsey Brothers as a publishing house of Homœopathic Works.

H. C. A.

CORRESPONDENCE.

Editor of AMERICAN HOMŒOPATH:

Enclosed please find two letters. The contents speak for themselves, and show the spirit of fraternal and gentlemanly feeling which prevails here among the members of the profession. Please give them a space in your journal and oblige,

F. M. A.

The following is a copy of a letter which has been sent to various physicians in the State, together with a reply, which it has drawn forth from the Commissioners of the Illinois State Penitentiary:

DR. ROMANI J. C. CUTLER.

JOHET, ILL., March 27, 1880.

DEAR SIR:—We desire to call your attention to the action of the Governor of the State of Illinois, in appointing an "irregular" to the position of physician to the Illinois Penitentiary. By this action, his Excellency, Gov. Shelby M. Cullom, presumes to pledge the support of his administration to the dogma of Homœopathy and to compel the State to recognize officially "an exclusive system of medical practice."

In November, 1878, one M. B. Campbell, who advertises himself to be a homœopathic physician and *surgeon*, was by the direct action of Governor Cullom, appointed to the above position in spite of the protests of regular physicians of various political preferences.

To make this appointment, Dr. A. W. Heise, a regular physician, was

discharged without cause, from the position, except to make room for the homœopath and to gratify the medical preference of the Governor.

We bring this matter to your notice for the purpose of asking you to aid us by all honorable means to prevent the renomination of Governor Cullom, and to ask you to present this matter to your society as a body or personally so far as possible.

To our knowledge Gov. Shelby M. Cullom has corrupted his official power to give aid and comfort to charlatanry as opposed to science and the best interests of humanity, and from this standpoint he is unfit and unworthy to secure a renomination as Governor of the great State of Illinois.

Very respectfully,

(Signed) JOHN R. CASEY, M.D.

Pres. Will County Med. Soc.

ROMAINE J. CURTIS, Sec.

* * * In Justice to all parties concerned we desire to state (1st), that Dr. M. B. Campbell was *not* appointed Prison Physician by any "action" of Governor Cullom, either "direct" or indirect. He was appointed by the undersigned, acting as Commissioners of the Illinois State Penitentiary, *without consultation with Governor Cullom or any one else.*

(2d.) That Dr. A. W. Heise was *not discharged* from his position as prison physician. The term for which he had been appointed had expired, and Dr. Campbell was appointed as his successor. The reasons why we felt that we could not re-appoint Dr. Heise have never been asked of us by either Dr. Heise, or the Will County Medical Society, but will be given to the public if they so request. Dr. Campbell was appointed upon the recommendation of a large number of the best citizens of Will County and the State, comprising persons of all shades

of political and medical belief; for that appointment, the undersigned alone are responsible, and we respectfully protest against the above quoted attempt to place the responsibility upon any other party as unfair and cowardly in the extreme. We are entirely willing that the record of the Institution since Dr. Campbell took charge shall be thoroughly investigated as to the health of its inmates, the number of days of convict labor lost by sickness, or the general efficiency and economy with which the medical department has been managed, and that said record shall be compared with that made by any of his predecessors.

It may be proper to add that neither of us personally are patrons of the school of medicine to which Dr. Campbell belongs. He was appointed solely on his record as a physician and gentleman as shown by his recommendations and without reference to his "pathy." We received no protests against his appointment at the time it was made, nor since.

Since the matter has been broached we are free to say, that it does not seem to us unfair to the school of medicine which calls itself "regular," that the other school which embraces so large and respectable a portion of our fellow-citizens among its adherents, should be represented, as it is, in only one of the many public institutions of this great State.

Respectfully,

(Signed),

R. L. DULANEY.

S. H. JONES.

A. M. JONES.

Following letter is addressed more especially to Dr. John R. Casey, President, and Dr. Romaine J. Curtis, Secretary, of the Will County Medical Society (*allopathic*.)

Gentlemen: A number of copies of

your circular addressed to physicians of your particular medical creed, situated in various parts of the State have been received by me. Its modest and charitable tone is undoubtedly a sufficient reason for the economical distribution which you have given it among your many friends in this vicinity.

It speaks for itself, however, and even a casual observer will readily appreciate the fact, that it was not intended for circulation in this immediate community. Feeling that in this particular you have done injustice to "*Science and the best interests of humanity*," which you have so vigorously espoused, I have taken upon myself the duty of giving it with the statement it has drawn from the Penitentiary Commissioners more general publicity. It is furthermore evident that the object of its attack is not really His Excellency, Governor Shelby M. Cullom, but one M. B. Campbell spoken of in your circular whom you style an *irregular* practitioner, the promulgator of *charlatanry* and the terrible dogma of *Homœopathy* in this community. Representing as you purport to in this letter, a learned and dignified body, viz.: The Will County Medical Society, I take this means of assuring both you and the society, which you claim to represent, that you are perfectly welcome to all the professional notoriety and self-satisfaction which you may receive through this harmless and yet disgusting exhibition of your spleen. I am not at all surprised at the tone of your letter, although I have no doubt but that many to whom you have desired to carry the impression that you were the simple embodiments of *science*, and professional dignity will be astonished at your seeming fall. The general tone of your letter is but the *similia* of your every day expressions, when speaking of those who do not

agree with your antiquated ideas of medical practice. It is a great pleasure to me however to have secured these sentiments in so tangible a form, as over your own signatures, and from a thoroughly official source. I shall file these away for future reference, and comparison, for I do not believe that men who lay such wholesale claim to all that is scientific in Medicine can always stand still, but I believe the time may come when even some of you will be caught in the whirlwind of advancement, and find yourselves landed on a higher, broader, and more liberal plain of medical ideas.

It is but comparatively a few years since it was considered a religious duty by the orthodox Christians of our own country, to vilify and persecute to the greatest extent those who were not in accord with their religious beliefs.

Your Christian neighbors have so far thrown off the shackles of superstition, that malice and persecution no longer enter into the promulgation of their various creeds. Can we say as much for the self-styled "regular" school of medicine? We cannot, and furthermore we have the authoritative statement of the Will County Medical Society to this effect. What a spectacle, for the royal robes of *science* to be drabbling in the mire of political intrigue to accomplish what it is unable to by open and honorable competition.

It will be excusable in me at this time to remind you who this M. B. Campbell is, upon whose account you are making such superhuman efforts to prevent the renomination of Gov. Cullom. He is a graduate of the Medical Department of the Harvard University, has held an honorable position on the medical staff of the U. S. A., was a member in good standing of the Vermont State Medical

Society, of the Illinois State Medical Society, and of the august body which you represent, viz: The Will County Medical Society, from all of which societies he voluntarily withdrew. But now in your estimation, and from your statements, he is an "irregular," a "charlatan" and a person who is working against "*science and the best interests of humanity.*"

Because of what? Because that after years of honest investigation he has seen fit to acknowledge by word, act and association, that there is a law which governs the action of remedies, viz: The law of Similia Similibus Curantur. Because he is a member of the "American Institute of Homœopathy," the oldest National medical society in the United States. The Illinois Homœopathic State Medical Association, and of the Kankakee and Desplains Valley Medical Association, all of which are not *Allopathic* but *Homœopathic*. Because he has by attending to one man's business, built up under the eaves of your scientific droppings a respectable practice, which your ungentlemanly assaults have been unable to prevent. And last, but not least, because he is at present physician to the Illinois State Penitentiary.

I am yours, etc.,

M. B. CAMPBELL, M. D.

Joliet, Illinois, April 16, 1880.

SOCIETY MEETINGS.

Announcement. The Sixteenth Annual Session of the Homœopathic Medical Society of Ohio, will be held in Cincinnati, on Tuesday and Wednesday, May 18th and 19th, 1880. From the reports already received from the various Bureaus, we are confident of a Session unusually profitable.

Yours, truly,

J. A. GANN, *Secretary*.

WOOSTER, O., April 14, 1880.

The Western Academy of Homœopathy will meet June 1st, 2d and 3d in joint session with the Minn. State Soc.

C. H. GOODMAN, M.D.,

Genl. Sec'y, St. Louis.

The eleventh annual session of the Homœopathic Medical Society of the State of Michigan will be held in the city of Jackson on Tuesday and Wednesday, May 18th and 19th, 1880. An unusually interesting meeting is expected.

R. B. HOUSE, M.D., Sec.

PUBLISHERS' DEPARTMENT.

The following letter was received too late for our last issue.

2 PRATT ST., N. Y., Feb. 27, 1880.

To the Editor of THE AMERICAN HOMŒOPATH:

In the extract from the letter of Dr. Benedict, published in your last issue, relative to "Phillips' Palatable Cod Liver Oil in combination with Phospho-Nutritine," you quote: "*Ten* years' experience in its use with my patients, as well as my own personal case and that of my brother, justify any eulogium on my part."

Now in justice to Dr. Benedict and to the public, I would thank you to correct an error which may mislead. My combination of Cod Liver Oil has only been on the market about three years and Dr. B.'s letter reads, "*two* years' experience in its use, &c.," instead of *ten*. An insertion of above would oblige,

Yours, Respectfully,

CHARLES H. PHILLIPS,

Manufacturing Chemist.

THE
AMERICAN
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A MONTHLY JOURNAL OF MEDICAL, SURGICAL,
AND SANITARY SCIENCE.

Vol. VI.—JUNE, 1880.—No. 6.

A CASE OF PARTIAL OBSTRUCTION
OF THE BOWELS BY A GALL
STONE.

A. R. THOMAS, M. D.
Philadelphia, Pa.

At 4 o'clock P. M., November 15, 1879, I was called to see Mrs. —, aged about 55 years, in consultation with Dr. Heysinger, of this city; I found the patient in a greatly prostrated condition, with weak and rapid pulse, damp, clammy skin, and every few minutes vomiting a quantity of dark and extremely offensive fluid matter.

Inspection revealed considerable distension of the abdomen. Palpation gave a doughy feel to the whole region, with no lump or local hardness at any point. Pain or soreness on pressure but moderate. Tympanitis slight. A careful examination for hernia gave no evidence of protrusion and strangulation of bowels at any of these points, hence, diagnosis was

made of mechanical obstruction, probably from intussusception.

Upon inquiring into the history of the case, I learned that the patient had been taken a few days previously with the usual symptoms of the passage of a gall stone, a trouble to which she had been previously subject. These were soon followed by constipation and obstinate vomiting. The vomiting finally became stercoraceous, thus giving positive evidence of mechanical obstruction from some cause.

Although repeated injections had already been employed, I resolved to try the effect of forcing large quantities of fluids into the bowels, with the hope of thereby overcoming the obstruction wherever it might be situated.

The patient having been placed in the elbow-knee position, some two or three quarts of warm water were gradually and slowly injected into the bowels. In a few minutes, she was placed on the commode, and we had the satisfaction of finding that in addition to the water, a considerable

quantity of dark, offensive fluid, similar to that vomited, had passed the bowels.

Visiting the patient again at 9 P. M., I found there had been no return of the pain or vomiting, and great hopes were entertained that the obstruction had been overcome, and that recovery might follow. The pulse, however, was still weaker, and the extremities cold and the skin damp. Hot bottles were applied to the extremities and stimulants freely administered, yet she gradually sank, and died early the next morning.

Post-mortem.—Body quite fleshy. Abdomen moderately distended and slightly discolored. Upon opening the cavity found the peritoneum, particularly the visceral portion, generally inflamed and the surfaces covered with flakes of lymph. Old, extensive and firm adhesions were found between the first portion of the duodenum and the under surface of the liver, including and quite obliterating all surface trace of the gall-bladder. The small intestines were dark and filled with semi-fluid, faecal matter, and very little pus, colon nearly empty.

No appearance of intussusception or other cause of obstruction was found, until, in examining the lower portion of the ileum a few inches above the ileo-cæcal valve, a hard round ball was felt, quite filling the bowel, yet movable in its position. Upon opening the intestine, this was found to be a *large gall stone*, measuring $3\frac{3}{4}$ inches in its greatest circumference, and $3\frac{1}{2}$ in its smallest.

In dividing the adhesions between the duodenum and liver, a gush of thin faecal matter followed the use of the knife. This at first appeared remarkable, as care had been observed to avoid the bowel, the division having been made close to the liver. A

more careful examination, however, revealed that only the gall-bladder had been divided, but that a communication existed between that cyst and the duodenum, through which the thumb could easily pass.

It now became evident that the gall-stone had passed from the gall-bladder to the duodenum by an ulcerative destruction of the intervening adherent tissues. Passing down the small bowels, it finally became arrested and impacted at the ileo-cæcal valve, being too large to pass that opening. It became further evident that the forcible distension of the large bowel by warm water had dislodged and forced upwards the gall-stem, allowing the passage of the faecal matter which appeared after resorting to that measure.

The points in this case rendering it worthy of reporting are, to my mind, as follows: First, the great variety of this singular mode of fatal obstruction of the bowels; second, the evidence which it affords of the possibility of not only filling the whole colon with fluids, but of forcing them through the ileo-cæcal opening, the latter being no doubt facilitated by the elbow-knee position; third, the evidence which it affords of the possibility of quite extensive peritonitis, without the usual pain and tenderness that is expected to attend that form of inflammation.

PICRATE OF AMMONIA IN PERIODIC NEURALGIA.

E. M. HALE, M.D.,

Chicago, Ill.

The patient was a middle aged lady, who had had frequent similar attacks which had been difficult of removal.

She usually had to resort to quinine.

The pain occupied the right side of the head, commencing at the right occipital region, spreading over the ear, to the supra orbital and superior maxillary region. The pain was boring,aching and violent, commencing at 10 A. M. and increasing till 2 P.M., after which it subsided and disappeared about 9 P. M. Usually I have arrested such paroxysm by Cedron, Nux. or Chelid. but wishing to test the specific antiperiodic power of Amm. picrate the 1x dil. was prescribed, one disc every 2 hours. The paroxysm the next day was very slight; the second day none appeared.

PNEUMONIA.

By

H. W. BRAZIE, M.D.,

Physician, Ind.

Our vicinity has been visited during the past few weeks by a large number of severe cases of pneumonia and its complications; although severe in its type, it has readily yielded to homœopathic treatment, while under the old school regime, many cases have proved fatal. As your readers are all interested in the progress of our school and its success, I will give you a brief synopsis of its work here.

Seven years ago the practice of homœopathy was almost unknown in this locality. At that time I came to Bristol and began my labor. At first I met with the usual amount of opposition, and at times it generated into extreme bitterness, and a faint-hearted disciple would certainly have vacated the field, but I steadily labored on, determined to succeed, and if our young physicians would become

more aggressive and energetic in their work, we would not have a case of failure to record. My reward came surely and steadily, and a few months of faithful attention to my work, paved the way for what is to-day one of the best fields in the State. Northern Indiana is now well represented by the devotees of Hahnemann. We have a fertile and productive country, an intellectual population. The practice of homœopathy has steadily increased and prospered, and in Elkhart county we now have fourteen physicians in our school. Four years ago I was obliged to call to my assistance Dr. Barbour, who had just graduated at Cleveland, and since his advent we have both been occupied with a large and lucrative practice. The diseases here are peculiarly adapted to the success of our practice, being mostly of a malarial nature, with the addition of the usual contagious troubles among children.

The pneumonias and complications of the past two months have yielded nicely to such remedies as Aconite, Bryonia, Phosphorus, Rhus-Tox., Asclepias, &c. Those of a typhoid tendency have indicated Opium, Arnica and Veratrum.

Our State is now agitating the question of regulating the practice of medicine within its borders. The physicians of our school are prepared to meet the legislation upon that subject carefully and understandingly. The following is a synopsis of the proposed legislation:

"Each of the now existing State medical associations, or central organizations, shall, at their next annual meeting, when it elects its officers, in a like manner elect from the members thereof a board of three examiners for each of the congressional districts into which the State shall at that time be divided. Said examiners

shall be residents of the districts in which they shall serve as such examiner, and the examiner shall be, or shall have been, a professor in any medical school within or without the State. Said boards shall, without examination, issue certificates to all reputable medical practitioners who are graduates of any reputable medical college of either of the schools of medicine represented by the now existing State medical organizations. Every other person desiring to practice medicine in the State shall be thoroughly examined in all the departments of medicine by one of the board of examiners of the congressional district in which he may reside, and if a satisfactory examination is passed, the board shall issue a certificate, &c."

The above is an outline of the proposed legislation, but there are many points in the act which must be fairly met and a careful consideration of the same be made before we can allow it to become a part of our Statutes. As the fight progresses I will inform you of its results.

AGUE.

M. S. MUELLINS, M.D.
Charleston, Ill.

In the AMERICAN HOMOEOPATH, of March, page 65 one, H. W. Taylor, M. D., of Crawfordsville, Ind., concludes *a priori*, because he has failed to cure an intermittent—a real ague, blood-curdling teeth-grinding "shake" that our eastern men are ignorant of the pathology, symptomatology and treatment of a genuine teeth-shattering ague.

From what process of reasoning

our dear doctor draws his conclusions we cannot see, unless it be from his own confessed *repeated* failures. It is true that the symptoms of ague in the Wabash valley vary much in character and intensity from those beyond the Alleghanies. Yet, the cause, malarial poison, is the same east as west, the difference being the great nervous centres are more forcibly affected by the miasma west than east, hence the greater severity of the symptoms is seen in a Wabash "shake" and an eastern chill.

Four years ago I too wandered in the darkness of empiricism and mongrelism as far as treating chills and fever was concerned.

I, too, cried "sour grapes," but it was the prolonged wail of an anguished heart, whose bitterness resulted from my utter ignorance of the great depths of our law of cure.

In my ignorance I dosed my patients freely and often with both small and massive doses of Peruvian bark or some of its alkaloids.

I did not stumble upon the ethereal solution of chiniodine, but used it much the same way as a drowning man catches at straws. It cured some cases, but not by one-twentieth the cures did I make, as reported by Dr. Taylor, "but always, I presume, without the proper indications."

The doctor has given us quite a number of cases cured by the use of chiniodine.

Will he not be so kind as to give unto us who are famishing for more light, upon what principle or set of principles he prescribed the last mentioned drug? The fact that he has failed to give us anything to guide us, is seen, all we have to do to cure "Wabash shakes" is to fold our arms, close our eyes, do away with all therapeutics as relates to chills and prescribe a saturated ethereal solution of

chiodine in five-drop doses every four *persistently* used until the patient is cured or—shades of Hahnemann—he becomes a saffron-hued, yellow-dyed, torpid-livered individual, the unavoidable result of giving medicine without a law to guide us. Eastern homœopaths are not the only physicians who cure ague upon the law of similia. It is admitted that ague is a genuine neurosis, hence the power which our attenuated drugs possess to cure, when administered upon the right basis.

Scattered throughout the whole Wabash valley, there are to be found more than one, yea, a hundred physicians who have, can, do, and will cure the “shakes” by use of attenuated drugs.

And what is strange when you do cure chills and fever according to the law of Similia, the patient thus cured remains so cured for years. If Homœopathy will cure pneumonia, typhoid, bilious and gastric fevers, in the name of heaven why should it fail to bring harmony to the nerve centers that have been visited by poison that has produced its own peculiar characteristics of chill, fever and sweat or vice versa.

Quinine and its alkaloids have their place in curing intermittents but when we cast aside all other drugs and cling to them as our only sheet-anchor we virtually admit that our law of cure is the right thing in most, if not all diseases, but one, that one being the horror of horrors—“ague,” a simple or double neurosis.

If this be Homœopathy, I did not so learn it. Attenuated remedies when applied strictly upon our law, will throttle and strangle the hydra-headed monster whose expiring breath will be one of joyous praise to Homœopathy.

“There is a condition wherein quinine or its alkaloids will cure. It is the one or three day forms which is accom-

panied by swelling or sensitiveness of the liver and spleen, and chill without thirst which occurs after the heat or as soon as sweat comes on.

Quinine therefore cures no case of intermittent fever in which the liver and spleen are not yet swollen; it cures in intermittent fever which characterizes itself in the beginning only by chill without being followed by heat and sweat; none with dropsical swellings; also no fresh case with burning, unquenchable thirst during heat, without being followed by sweat; but quinine has the power to suppress, in large doses, most cases of intermittent fever, and by its continued use, to produce much more dangerous ailments, and thus deceive the physician with the appearance of a cure.

These few lines have not been written simply to criticise Dr. T.'s empiricism, but to save younger physicians from routinism and to increase their faith in the law of similia which, where used, will prove its own divinity.

PLEURISY.

LECTURE II.

Brussels, Belgium.

Read before the Central Association of Belgian Homœopaths.

[Translated from the French by F. A. G.]

Pleurisy is one of those diseases which deserves the particular attention of the physician, especially when the lamentable consequences which it often carries with it are considered. How frequently it is the starting point of often incurable affections! This should hardly astonish us when the importance of the pleura in the normal

function of the lungs is considered. It may be said that the pleura is the key of the pulmonary apparatus; the least obstacle to its function must bring disorder to the entire organism.

The pulmonary alveoli in order to fill themselves with air during the first portion of the respiratory act and afterwards in order to throw off the excess of oxygen, ought to move freely in the thoracic frame. The least obstacle occurring in the structure of the pleura, either by adhesions, fibrinous productions, &c., diminish the volume of the chest and consequently the capacity of absorption by the lungs.

It is then all important to watch the progress of acute pleurisy in order to avoid its passage into the chronic state.

I shall not expatiate upon the therapeutic agents useful in the treatment of this affection. The principal drugs are, Aconite, Bryonia and Cantharis which usually suffice for the cure of acute pleurisy. I shall confine myself to making a few remarks on the external treatment. Ought we to join with external treatment, such external means of relief as the application of cold water, and the ice compress on the chest which are extolled by some German physicians; should we in short, have recourse to blistering?

The applications of cold water are, in my opinion, dangerous in use and may cause serious complications consequent upon the sudden subtraction of caloric.

It may however be admitted, that at the outset of the disease the continued use of cold water may stop the affection, but I consider the remedy more dangerous than the disease itself and little to be recommended.

Many physicians consider the blister the indispensable means, the specific for pleurisy. It can only be admit-

ted that the blister has the property of bringing to the surface the liquid contained in the pleural cavity; the efflux is owing to the irritation produced upon the capillary vessels of the derma and of the sub-dermic tissue. Certainly, it sometimes happens after the application of a blister that the symptoms of the pleurisy improve and a cure even results. In this case the cure has been effected not by the blistering action, but by the Cantharis which has been absorbed, and which thrown into the circulatory torrent favors the resolution of the effusion by restoring to the pleura its primitive properties. When do we see the blister produce these happy results? It is when the general condition of the patient shows us the symptoms found in the pathogenesis of Cantharis; that is, when the febrile condition is slightly apparent, costal pains diminished which effusion tends to increase; dry cough; the tongue is red and covered with small ulcerations, urine scant and painful, etc. In this case the blister will succeed, but it would be much more simple and less painful to prescribe a few doses of Cantharis. The prognosis of acute pleurisy is generally favorable unless there is excessive and purulent effusion; in this case there should be no delay in emptying the pleura by means of the Dieulafoy syringe or the Potain apparatus.

Chronic pleurisy demands our special attention, for, improperly treated it often leads to pulmonary phthisis. Various drugs may be employed with success. *Arsenicum* when there is danger of asphyxia, great desire to drink, but little at a time, frequent diarrhoea, sensation of burning in different parts of the body, palpitation of the heart, etc.

Hepar sulph., if the effusion is excessive and lasts long.

Senega when there is complication of heart disease, beginning of phthisis and tendency to anasarca.

Apis mellifica when the fever has moderated, great anxiety, fear of death, œdema of the face, urine scant and dark.

Kali carbonic. has often proved efficacious in chronic pleurisy seated especially in the left side with violent palpitations, and cough especially at night.

Mercurius solubilis acts especially on the right side, the patient can lie only on his back, night sweats, abundant, but they do not soothe, there is itching, compelling scratching.

Phosphorus when there is a complication at the side of the bronchial tubes or of the lung.

Sulphur when he cannot lie on the healthy side, with dry cough, and pruritus over the whole body.

Iod. Kali includes in its pathogenesis different symptoms, which class it among the drugs of chronic pleurisy.

Ammonium carbonicum in effusions on the right side, when there is improvement in the open air, dyspnœa troublesome in the room, shooting pain in the chest, occurring especially in bed.

Veratrum viride has been recommended by some authors when the fever is very intense, the pulse very rapid and the temperature approaching 40°C.

I will conclude my remarks with a clinical case:

In 1877 I treated a chronic case of pleurisy, of which I give this description. Age 38, male, lymphatic temperament, very subject to affections of the respiratory organs. For ten years, at every beginning of winter he commenced to cough and only succeeded in getting rid of this tiresome cough at the commencement of summer. In the course of November,

1877, he was attacked with acute pleurisy. The disease followed its regular course, and he was enabled to resume business. The customary winter cough reappeared no more, and he congratulated himself on being attacked with a pleurisy, which, he believed, had rid him of his chronic bronchitis. However, he complained of difficult breathing, to which he at first paid no attention, but which continued to increase to such an extent, that he could no longer make the least exertion without being taken with suffocation. He sent for his physician, who, after examination, diagnosed a chronic pleurisy with considerable effusion. The pleura was emptied by means of a Dieulafoy apparatus, and the patient thought himself once more cured. Some time after the dyspnœa reappeared, and with it all the symptoms previously stated. Discouraged by his successive relapses, he, by the advice of a friend, called to consult me.

On an examination of the chest, I noticed the predominance of the right thoracic voussure; on percussion there was some hollowness of sound, on auscultation absence of the vesicular murmur of the same side. There was a fresh effusion which I did not consider so sufficient as to warrant recourse to surgical measures, before trying the resources of homœopathic therapeutics. I prescribed *Ars.* 3 trit. two powders a day, and continued this drug for fifteen days; the effusion did not increase, but the limit of hollowness of sound remained stationary.

On examining the patient I noticed several times the presence of lenticular spots upon the chest; an eruption compelling scratching, especially at night; all the symptoms were aggravated towards evening. I gave *Sulphur* 30 and *Kali carbonicum* 6th

trit. alternated, 2 powders each day. At the end of eight days a sensible improvement was felt, the effusion was diminished, the dyspnœa less intense; at the end of a month of this treatment, the pleura had resumed its normal play, and no relapse has since taken place to belie the cure.—*Revue Homœopathique*.

THE TREATMENT OF GOUT.

DR. JOUSSET,

Paris, France.

Revue Homœopathique, 1890, 1, 10.

I consider that a radical difference exists between gout and rheumatism and particularly insist on two special characteristics for the gouty arthritis: œdema, and the localization of the pain in one spot in the joint.

The nodous arthritis is of a gouty nature.

China is the principal drug in the treatment of gout; it agrees in effect with the painful attacks of this disease, as in the chronic manifestations, with tophus and articular deformations; with this important remark that in very acute cases with fever, its alkaloid, the Sulphate of Quinine, should be substituted. Let us seek then for the characteristics which should make us prefer China to the two other remedies for gout, *Ledum palustre* and *Colchicum*.

China indicates in its pathogenetic history two kinds of pain; one strong, tearing (sometimes lancing) accompanying swelling and sometimes redness and heat but always aggravated by motion and even the slightest touch, increasing and becoming very violent by the same touch; the other pain, dull, numb, improving by

motion and compelling to patient to continually move the parts affected. The pains of China return often in the night. To these symptoms must be added the remitting of the febrile motion, anorexia alternating with boulemia, flatulent dyspepsia, hæmorrhoids, urine red and burning, with brick-dust deposit, asthma with difficult and whistling breathing, palpitation with anxiety, headache, neuralgia, myalgia, (torticolis, lumbago, pleurodynia.) To relieve these symptoms 3rd trituration is to be employed.

The pains of *Ledum palustre* increase but little or not at all by the mere touch which exasperate those of China. They are aggravated by the warmth of the bed; they are lancing and tearing; they may affect all the articulations, the shoulders as well as the articulations of the fingers, the knees and articulations of the feet.

All authors have noted arthritis of the big toe in a special manner. The arthritides of *Ledum* are often complicated with an œdematous swelling and, according to Ruckert, with a sensation of cold to the touch in the diseased member; œdema of the feet is a frequent symptom of *Ledum palustre*. I have often prescribed *Ledum* in the treatment of chronic gout as well in the nodous form as in the true tophus form. It is an efficient drug, but less often employed than China. I have often alternated it with the latter, one week one, the succeeding week the other, usually employing the third dilution.

Colchicum is indicated in gout whenever tearing articular pains with redness, heat and swelling exist, pains increasing by touching. Myalgias are also an indication for the use of *Colchicum*. The results of my practice confirm the efficacy of *Colchicum* in certain cases of acute or sub-acute gout, but I have rarely found this

remedy useful in chronic gout; I should say I have rarely used it perseveringly and in large doses, because China and Ledum palustre usually suffice for my practice. When I use Colchicum, I generally prescribe the seed tincture from a few drops of the mother tincture up to the sixth dilution.

For several years past I have experimented with the Salicylate of soda in weak doses, quite empirically; I have had some success with it in the common form of gout of a chronic character and in nodous gout.

Sobriety, exercise, avoiding cold and damp constitute the hygiene of the gout.—*Art. Med.*

STUMBLING BLOCKS; OR. OUR POSITION AS HOMŒOPATHIC PHYSICIANS.

MRS. J. G. FRINKMAN, M. D.
New York City.

Read before the Medical Association of New York City,
at the Hotel Fort William, April 11, 1880.

The late serious but not unprofitable discussions which have animated our Society meetings, both county and State, during the past year, have led to a desire on the part of many of our number, for a clearer understanding of our position as scientists. "The medical man in general practice brings into requisition too great a variety of scientific knowledge to admit of comprehension under a single term." Much confusion exists as it regards the meaning of the word Homœopathy, the general impression being that Homœopathy consists in administering drugs to the sick in small or attenuated doses, regardless of the fact that it is the "Therapeutic law" upon which the whole science rests.

Factions have sprung up among ourselves and questions of potency, dilutions, dynamization, etc., have been the grounds on which many wordy battles have been fought, each party forgetting that these points have little to do with the great question of Homœopathy and its sphere of action. "The practice of the physicians' art embraces a large field outside the sphere of Homœopathy which is common to physicians of every school." It is just here where so many forsake their *true position* and disclaim loudly against those who seek outside the domain of Homœopathic therapeutics a method of cure which has nothing to do with the administration of drugs to the sick. They call such "unscientific," "not good homœopaths," while it is clear to every thinking mind that many serious cases of illness may be successfully treated without resource to therapeutics at all. We must determine the cause of the disease or series of symptoms before we can go to work intelligently to remove them. The physician who the most clearly understands how to make use of *all* known means of investigation of the phenomena which show a departure from the normal standard of health and the causes which induce them, will be the most successful. If he become convinced that the patient will be restored to health quickly and permanently by any means outside the domain of therapeutics, or if he combine mechanical or hygienic means with medicinal agents shall he be cried down as quack? or if he conclude that the patient requires medicinal agents alone, shall those who favor the use of high potencies cry out against those who use the crude drug or tincture? Select the drug according to the symptoms which it produces in the healthy organism is the law; the dose and po-

tency must be left to individual judgment; the cure will depend largely upon the power to collect the totality of the symptoms presented by the patient, and the ability to compare them with drug symptoms.

At one of the recent monthly meetings an intelligent lady physician remarked, in view of the diversity of opinion regarding disease, symptoms, potency, etc., how shall we define our position? If we follow the advice of many of our leading homœopathic teachers, who when we ask advice reply, "never mind the name of the disease, remove the symptoms and cure the patient," what shall we put upon the death certificate in case we fail to cure? Is the Board of Health prepared to accept our statement that the patient died while suffering from a series of symptoms which *Nuxvomica*, or any other given drug will produce in the healthy organism? It is time that many, not altogether disregarding diagnosis and pathology in their teaching, yet fail to recognize their full importance. It was remarked by a prominent doctor at the State Society, "I do not care what ails my patients so that I cure them." Such teaching is pernicious, and the young physician who allows himself to be guided by it is led into error and lives may be often lost through his ignorance. We must clearly define our position, distinguish between therapeutic law, and the laws of physiology, chemistry and hygiene, understand pathology and all the "oligies" with which a physician of any school should be acquainted, and bring this knowledge to bear upon the study of every case that comes under our care, if we would be entitled to the name, physician, or a person skilled in the art of healing.

How shall we interpret symptoms and so group them, as to apply them

as a means of diagnosis, as well as to the selection of our remedy in a given case. First what do we mean by "symptom" "a sign" "a token" "an indication of something else;" applied to disease then it is an indication of something else than the normal condition of health. "Whatever we can ourselves observe by careful scrutiny of the patient, bringing to our aid every instrument of observation which the ingenuity of man has contrived; whatever the patient can tell us as the result of his observation of himself or of his sensations; whatever his friends and attendants have noticed concerning his appearance, action, speech, and condition, physical or mental, which differs from his condition and actions when in health, all these phenomena together constitute what we call the symptoms of the patient." Our first duty then should be to study these symptoms with a view to forming our diagnosis and prognosis. A patient always wishes to know what ails him, if he can be cured, and how long it will take to effect a cure. If he cannot be restored to health he wishes to know how long he may live that he may arrange his worldly affairs. The future welfare and happiness of his family may depend upon the doctor's knowledge of cause and effect in disease. Here diagnosis and prognosis become of paramount importance. Certain groups of symptoms indicate disturbance in certain organs, as conditions of the urine discovered by the microscope and in no other way denote certain diseased conditions of the kidney.

Another group of symptoms are common to typhoid fever. A pain in the head may characterize uterine trouble instead of brain disease. It is our duty to be able to group symptoms and to understand their significance. We need not make a distinction in our

mind between symptoms and disease, for without symptoms I do not see that there can be any disease, but certain groups of symptoms indicate graver disturbances than others, and it is our duty to know when our patients are in danger. As there are certain characteristic symptoms which mark the effect of certain disturbing influences on the system, so there are distinctive symptoms which mark the action of drugs on the healthy organism, whereby one of a group of drugs which affect the system similarly may be selected for the cure of a given case. We may have ten cases of typhoid fever under observation at the same time, all presenting symptoms which exist under the condition known as such, and yet all differing in their expression, as different pianos differ in tone. It is this difference which determines us in the selection of one of a group of drugs all affecting the system similarly. We may apply our therapeutics according to individual expression of disease, while making our diagnosis under the names that have been invariably given to conditions which, in the main, always manifest themselves in the same way. How shall we know what our remedies are capable of doing if we do not rightly determine what the condition is we wish to cure. Correct diagnosis is one of the principal aids in the selection of a remedy. Should we not seek our remedy from a different group of drugs to remove dyspnoea caused by pus in the thoracic cavity, than if the dyspnoea were caused by heart or brain disease? Indeed in the case of empyema with a patient in imminent danger of death we might resort to thoracentesis, a mechanical means to effect speedy relief, instead of administering a drug to promote absorption, knowing that our patient would die before the drug

action could be effective. No one claims that this would be according to our "law," yet here correct diagnosis would point to a means of cure. The impression abounds among the laity, that a homœopathic physician must depend upon medication alone, and that administered in small doses internally. It is our duty to set ourselves right before the public. The question is frequently asked of me, "are you a strict homœopath?" I answer, it depends upon your definition of the word. If you mean, do I give drugs for the cure of the sick on the principal of *similia similibus curantur*, I am certainly a strict homœopath. If a patient suffers from a dislocated uterus and I can bring mechanics to bear in the case, and by replacing the organ, relieve or cure my patient, I do so as a surgeon would set a broken arm, and yet claim to be a strict homœopath. In a case of uræmic poisoning if I can cause profuse perspiration by the use of hot packs, thus relieving the kidneys and blood, perhaps saving the life of the patient I do so and still claim to be a homœopathic physician. If a patient suffers from chronic constipation, with the characteristic, dry inactive skin, with lowered vitality and nervous irritability, I may prescribe vapor baths and animal magnetism with proper hygiene, yet I am a homœopathic physician. But, when I administer a drug for its curative action, I prescribe it on the principle of our law, be the dose large or small, high or low potency, for I understand that homœopathy relates to therapeutics alone. We aim to cure when we prescribe drugs, while we are not forbidden to make use of medicines for any temporary effect we may wish to get. The same drug in different doses or potencies will affect the system differently, while no two temper-

aments will respond alike to the same drug influence. That we are not better understood by the public is our own fault, and we have ourselves to blame that homœopathy has not made more rapid strides toward becoming the dominant school, or at least claiming equal privileges under government with the so-called "old school of medicine."

Another question is frequently asked of me. Do we as homœopaths use Quinine? It was through noting the similarity between intermittent fever and the poisonous effects of Cinchona, that Hahnemann was led to experiment, and to so powerfully demonstrate our therapeutic law. It is one of our most potent and useful remedies. We rarely give it in large doses, because when administered on the characteristic symptoms, it is not necessary for a patient to take from 20 to 40 grains a day. Every one knows that every case of intermittent fever will not yield to Cinchona or its alkaloid, but is that a reason why we should refuse to use the drug in any form or dose, when it is clearly called for. "A remedy that is really specific for any disease must produce changes in the organism similar to those produced by disease, and affect the same organs and tissues. We find this to be true with quinine."

The cerebro spinal and ganglionic nervous centres that are especially invaded in malarial fevers are the exact centres for the action of Cinchona and the changes produced by both are identical. We find then that the fever to which Cinchona is homœopathic is of malarial character, but not every malarial fever will be cured by quinine." (Burt.)

Why not admit this and use Cinchona or its alkaloid, in large doses if need be, or the potentized drug up to the millionth, if we prefer,

instead of saying we never resort to Quinine, while our tincture of China is prepared from the bark of the Cinchona flora, which contains more Quinia than any other of the barks of Cinchona, and perhaps no drug is more often used by us.

Another stumbling block called Ergot I wish to mention in this connection, because it is so commonly used, has proved of incalculable value, yet is loudly proclaimed against by many so called strict homœopathists. A physician mentioned a case of tedious labor, normal in every respect until the head of the child reached the perineum, when the pains ceased while the patient was becoming exhausted. Nothing was needed to perfect delivery but a few energetic contractions of the uterus. The doctor administered a full dose of Squibb's Fluid Extract of Ergot, expulsive pains followed, and the child was born. The doctor told me that she had since regretted that she had not used Secale in a potentized form. "Her conscience troubled her for having departed from the law." Our Tincture of Ergot is made from the freshly gathered Ergot. "Ergot exhibits a strong tendency to the uterus, upon the contractile property of which it operates with great energy." (Wood's U. S. Disp.) "Labor pains are weak or suppressed." (Burt.) "It is of great service in lingering labors where no obstruction exists." (C. Dunham.) I think that the doctor gave the right drug and dose at the right time, and this is the point for consideration, when to administer full doses of Ergot, not that we may never give it. That mischief has often followed its use in unskillful hands is true; it is well known that Ergot, administered during parturition, sometimes produces disastrous consequences if given before the parts are

fully dilated or dilatable. We use *Caulophyllum* in our practice, yet a competent professor of our school found that in his hands it had notably been followed by hour-glass contraction, while *Ergot* had always acted favorably. I am not advocating the use of any drug. I wish to show that homœopathy does not limit its adherents to the use of any class of drugs or potencies. As physicians we are absolutely free to select our remedies according to individual judgment. In the case mentioned the doctor needed the action of a full dose, and not the dynamic result of a potency that might not have taken immediate effect; her genius as a physician suggested the right thing to do while her prejudices caused her "conscience to trouble her."

The anodynes belong to another class of drugs of which I wish to speak. If disease and suffering come to mankind through divine dispensation, as many claim, or if on scientific grounds, we say that transgression of the law brings its consequences, both moral and physical, the means to allay physical suffering, palliative as well as curative, are given by a divine power for our judicious use. The anodynes are as potent for good as evil, if used under the right conditions. I have heard many of our young physicians assert that they would not give anodynes under any circumstances, because they mask the symptoms, thus preventing the selection of a curative remedy. I admit this, but does Homœopathy prohibit us from using drugs to produce any desired effect, palliative, curative, generic, specific, chemical or mechanical? We may use any drug in any way that the exigencies of the case seem to warrant. Of two known evils we are frequently called upon to choose the least, and it behooves us

as physicians to have an exhaustive knowledge of the whole sphere of action of our drugs. Take a case in point. A woman, 84 years old, suffered with senile gangrene, both legs were affected up to the knees. The bones and tendons were exposed, the flesh dried and blackened. The agony of the patient was unbearable, and cure impossible, was it not mercy and humanity to keep the sufferer under the benign influence of anodynes? I have heard some of our number say that they would not administer anodynes in the last stages of cancer! I believe it becomes our duty when cure is impossible to palliate human suffering. Furthermore, if we believe that the shock to the system of great physical suffering, which we know will be temporary, will do greater injury than an anodyne which may be antidoted, why not resort to their judicious use; mark the word judicious; I do not say indiscriminate. "The family physician is the responsible healer and friend of his patient; it is his duty to do the best he can for him." A mother may be nursing a sick child, a wife a suffering husband. If cure for the patient be impossible, why, for the sake of hobby or theory subject the sympathizing friend to a continued strain that in a delicate organization might shatter the nervous system for life, by obliging them to witness the prolonged agony of loved ones, when the judicious use of anodynes would mitigate the patient's suffering and do little or no harm. We may not go to extremes in advocating any theory. Emergencies must be met by any known means, if we would do our whole duty. The *Homœopathic Times* for March reports a case of a life saved by external medication which aptly illustrates this point. "Child four years old, suffered

with paroxysms of coughing, cyanosis, and threatened suffocation. Respiration sank to eight per minute, with convulsive motion of the muscles of the mouth seen only in suffocation, while the pulse went down to thirty-five, the child was unable to swallow. The doctor expressed his opinion that nothing more could be done, and left. A neighbor immediately applied a tobacco poultice to the stomach, which caused nausea, the obstructing mucus was dislodged and the child was saved." The report further adds "so much has been said among physicians and in the journals of our school about the uselessness, and even deleterious effects of external applications in disease I can not refrain from the comment, that bigotry in medicine may often cost patients their lives. More than ever am I impressed with the belief that the true physician is one who seeks first of all to confer the greatest benefit upon the sick no matter what means be used to accomplish this object, one who is ever ready to learn from the practical lessons of experience even though pet theories be shaken into ruin." Zeal in support of theory has proved a stumbling block to many honest-minded physicians who started out in life with the full determination of practicing so-called "pure homœopathy." Let us practice homœopathy by all means, and uphold its doctrines everywhere, but let us not cast obliquy upon our method by refusing to learn the full power and *uses* of drugs as well as their *abuses*. In this age we must reach out into all avenues of knowledge, bringing in the aid of all methods of investigation into disease and its causes, applying our law of cure where it will apply, but not seeking to claim more for it than its legitimate sphere. In a paper read before the State Society in Feb-

ruary, the author opposed the use of the speculum, in uterine and pelvic troubles, claiming that it is too often resorted to, when digital examination would give sufficient information in a majority of cases. This may hold good in some cases but it is only the expert who can determine by the touch alone the various diseased conditions of the pelvic organs. The expert even would in many cases be at fault. Few can use the uterine probe without the aid of vision, few could detect a lacerated cervix, a small polypus just inside the os, an abraded mucous membrane, or note a constricted cervical canal without the use of instruments. It would be difficult to detect a syphilitic ulcer from any other form of ulcer by the touch alone. These are only a few of the conditions which the speculum alone discloses. It is our duty to use every known means of investigation. Diagnosis and prognosis in cases of pelvic trouble are as necessary as in cases of small pox, for the patient's good if not that of his neighbor. The very conditions which the eye alone may detect, in many cases may constitute the most important symptoms in the group, leading us to the selection of the right means of cure.

It is our duty as physicians and representatives of Homœopathy to cultivate a liberal inquiring spirit. To pull down all false barriers that hedge us in from free and broad education, while we uphold our beloved school of practice because we know it to be the best, but we should not limit its sphere of usefulness, or the researches of any of our great body of homœopathic physicians. Let us not lose faith in a sister practitioner because she has found this method good or discards that, but working together for the general good let us continue to seek, to investigate, to prove. Physicians

must meet on a liberal platform if they would make the most of their opportunities and benefit humanity. Let us avoid stumbling blocks and hobbies, pressing onward towards truth. Dr. Carroll Dunham has said, "the object of our professional life is to find out the truth and shape our practice accordingly; consistency to this object is true consistency, while consistency to any form of opinion or doctrine which may at one time have been supposed to be the truth and proclaimed by us as such; consistency to such opinion because we may have once publicly uttered it, this is the basest and most ignoble bigotry and cowardice."

CONSTIPATION.

15

A. ZEPPRITZ, M.D.,
Stuttgart, Germany.

In the AMERICAN HOMEOPATH for February, Dr. Hawley asks, pages 37 and 38, "What is the remedy for a long-existing constipation?" As none of the gentlemen named the best relief for this annoying malady, I will do so. It is *Veratrum alb.*

When Opium, Bryonia, Plumbum, Arnica, etc., are of no avail, *Veratrum* will insure success.

SURGICAL CLINIC AT THE N. Y. HOM. MED. COLLEGE.

PROF. WM. TOD HELMUTH, M.D.,
New York City.

(Reported by a member of the class.)

SUB-UNGUAL EXOSTOSIS.

GENTLEMAN:—Annie E., age 9.
History: Two years ago, a large stone fell on the large toe of this girl;

then a tumor commenced to grow; after a time it became quite tender, having a throbbing sensation. Now the nail is very much thickened, enlarged, and raised, by a hard tumor pressing beneath it. Before proceeding to the pathology of this disease, let us look at its physiology. If we examine the fœtus in its earliest stage of development, we find the blastodermic membrane, which is divided into three layers, from one of which is developed the organs of vegetative life; while another produces the muscular, osseous and nervous systems and the skin, the nails, hair and teeth. As the fœtus grows a fructified ovum may become developed in some part of its structure, but being placed under circumstances unfavorable for development, soon ceases to advance, and the integumentary envelope produces some of the textures of the body which are born with the child. When this occurs, we have the development of a dermoid cyst. To make this case as clear as possible I will draw the anatomy of the skin (which, as I have just said, is produced by the outer layer of the blastodermic membrane) on the black-board; you will see that the integument consists of two layers: first, the derma or cutis-vera; second, the epidermis or cuticle. In the derma, or just beneath it, are the sudoriferous or sweat glands. The derma is divided into two layers. The corium, which is the deeper layer, and the superficial or papillary layer, which is on the upper surface of the corium. The latter consists of small, conical, highly sensitive, vascular eminences. The papillæ, in which loops of the sensitive nerves are arranged in a peculiar manner by which we derive the sensation of touch—have a round, blunt extremity, sometimes divided into two parts. Above this layer of

papillæ is the basement membrane which produces cells for the epidermis. These are flattened, having a limited and tessellated arrangement in the deep layer; they are large, rounded and filled with an unctuous substance, which appearances gave origin to the name rete mucosum of the older anatomist, but in the superficial layer they are flattened, dry and firm. These dry scales may be worn off by friction, but are reproduced by new cells pushing upwards from the deep layers to take their places. Continued friction tends to thicken the epidermis and render it hard and callous. It is from the basement membrane and these epidermic cells that the nail is produced. The nail is implanted into a groove in the skin by a portion called the root; the exposed portion is the body. The cutis beneath the root of the nail is called the matrix, because it is from this that the nail is developed. Near the root and on the exposed part of the nail is a white, semilunar shaped portion called the lunula. This is continually being pushed forward towards the free edge of the nail by new cell formations at the root. Thus the nail, like the epidermis is in a state of continual growth, portions passing away to give place to new formations. When the nail receives an injury, or the matrix is irritated, its cells are additionally proliferated and the cell-wall hypertrophied and thickened, thus interfering with the normal production of the nail, which becomes malformed and very sensitive, or loses all sensation.

Either pressure of tight boots or from the continual irritation of the diseased matrix, the last phalanx of the toe becomes the seat of the disorder and the periosteum takes on inflammatory action, an additional number of cells are developed and being converted into cartilage—cor-

puscles or bone substance form a tumor (exostosis) under the nail. This growth receives the name of sub-ungual exostosis.

Treatment.—The patient was then etherized and the nail removed, and the exostosis cut away with bone forceps. It was firmly united to the flesh and very sensitive. Persulphate of iron was then applied and the parts packed with tenax. The detailed treatment to prevent ingrowing nail, was then laid out.

HIP JOINT DISEASE.

George B., age 15. History:

Eight years ago had whooping cough, typhus-dysentery and bronchitis, all at the same time. After this, his leg began to pain him, and gradually to assume the position I now show you. The patient stated that he never had a fall. Three months ago while riding in a wagon through a rough street, he struck his hip against the seat of the vehicle and since then, the leg has pained him a great deal, especially at night. As I find there are several cases of hip disease among the patients waiting in the ante-room, I shall make this clinic to-day especially one upon hip disease. It is my desire to finish one important subject before passing to others, but I will endeavor to keep your memories fresh during the term by examinations. There is a great deal to be said about hip disease, more indeed than could be told in a single lecture. I will assert, however, that for the successful treatment of the deformity. The world owes more to America than to any other country, I say this to you gentlemen, because in late work published on the other side of the Atlantic, the endeavor has been made not only to throw discredit upon the American treatment of hip disease, but to convince the public that the

measures adopted by our most distinguished specialists are based upon erroneous principles. Setting aside the style, disagreement, and misapprehension which exist between our specialists in this affection and looking upon the matter as it will be seen by those who come after us, when the distinguished men of whom I allude, will have "gone over to the majority," we have every reason to feel proud in the advances that have been made in the etiology, pathology and mechanical treatment of *morbus coxarius* by our countrymen. I believe I may state, that with few exceptions, if you commence to treat the disease in its early stage and continue in a patient manner you will be pretty certain of success. The subject is so extensive that I scarcely know where to begin, however I will say a word or two regarding the anatomy of the joint, for that is the point to be first understood. The best anatomists generally make the best surgeons. He who is thorough in his practical anatomy, who has it at his finger's end, becomes in the majority of instances, the skillful operator.

A thorough knowledge of anatomy underlies successful treatment in surgery, midwifery and all similar branches of medical science. Therefore let me urge upon you the necessity of carefully cultivating this branch. Go to the dissecting room instead of the beer shop; stay at the tables as late as you please; the material is better; the carving is better, and the smell I am sure is better than Limberger or Switzerland.

The hip is an enarthroidal joint, movable in all directions, and supports the body when in the erect position. Every joint in the body has certain ligamentous attachments which allow more or less motion. Here you see (holding up a specimen) the acetabulum,

and here the head of the femur fitting into it. There is the capsular ligament of the joint which holds the bone in position and allows of a certain amount of motion. It is attached above to the margin of the acetabulum, below to the spinal or intertrochanteric line and base of the neck of the bone behind, to the middle of the cervix femoris. This ligament fits tightly and is difficult to rupture. This apparently thickened mass of ligamentous fibre is the ileo femoral ligament, or inverted Y ligament of Bigelow. It passes from the anterior, inferior spine of the ilium obliquely across the front of the joint downward and outward to be inserted into the intertrochanteric line. Here is also the ligamentum teres, or round ligament, which is a strong fibrous cord extending from the bottom of the acetabulum to about the middle of the head of the femur. The cotyloid ligament is a cartilaginous rim attached to the margin of the acetabulum and deepens and protects the edges of the bone. The rim of the acetabulum is not entire, but at its lower part there is a notch, across which there extends a flattened band of fibres, the transverse ligament converting the notch into a foramen which transmits the nutrient vessels to the cavity. Thus we have five ligaments entering into the formation of this joint.

Hip disease may be divided into three stages, first, that of irritation; second, of apparent lengthening with eversion and effusion into the cavity of the joint; third, shortening and inversion, with rupture of the capsular ligament and necrosis of the bone. The case now before you is in the second stage; there has been, however, in this case no rupture of the capsular ligament. The causes of hip disease (as is usual among the profession) has produced a great deal

of unnecessary wrangling and discussion. Some, as Dr. Gross, of Philadelphia, regard the disease as entirely strumous in its origin, while others, among whom is Dr. Sayre, of New York, believes that, in ninety cases out of a hundred, its origin is traumatic, and that it generally occurs in the most healthy children. I am disposed to believe that morbus coxarius is occasioned by injury in the majority of cases and that the scrofulous child is more liable to suffer from prolonged suppuration and necrosis. The healthier the children, the more favorable will be the prognosis. The first item in the treatment when you suspect hip disease, is to strip the child and lay it flat on its back on a table or the floor; a bed or soft material will not do. Draw a line from the umbilicus to the center of the pubis; pass another line across from one anterior superior spine of the ilium to the other and if these lines, at their points of inter-section, do not form right angles, when the child lies squarely on its back; or if one spine be higher than the other; or if by bending up the knees you can bring the spine down to the table; and if by pressing down the popliteal space upon the table, the spinal column is arched so that you can pass your hand under it; if the gluteal fold is wanting, the child standing firmly on the sound leg, then the case may be pronounced hip disease. But unless you have all these symptoms, be careful in delivering your diagnosis; never be too hasty in expressing your opinion, for if you should make a bad mistake it may shadow your whole life; you all have your own bread to earn, as well as a reputation to make. Don't be dependent on others for your diagnosis in disease, rely mainly upon your own resources, your own abilities; what you don't know, dig for

and strike with a brave heart. Then when you are *sure* you are right go ahead. I have never seen this boy before this morning; now as I move him just look at the position of his leg, see as I flex and extend it how the chest is thrown forward and the spine arches and relaxes. There is a variation of an inch in the transverse line. (Dr. Helmuth then manipulated the limb, which gave no pain except when he struck the sole of the foot.) He has pain around the joint. The psoas and iliacus muscles flex the leg and adduct it, thus causing the head of the bone by their contraction to be held in that position. This is an involuntary effort to prevent the head of the femur from pressing upon the diseased acetabulum and to prevent friction. It is this very condition of the muscles that often gives rise to the intensity of the pain. The child frequently drops asleep; the muscles are relaxed, and he awakes screaming; the then inflamed head of the bone presses upon the acetabulum. The position is changed; the muscles again are fixed, and again sleep comes on only to be interrupted by another paroxysm irritation. You must also bear in mind, gentlemen, that very often the pain is occasioned by what is termed *reflex muscular spasm*—this is a peculiar variety of intense suffering occasioned by an irritation of the peripheral nerves, which enter into the diseased hip joint. This fact was pointed out by Dr. Shaffer in 1877. In this case the capsular ligament has not ruptured. What is the reason that the foot is everted and the leg rotated outward? Because the capsular ligament is thickest at the upper and fore part of the joint, and as the ilio-femoral ligament is on the antero-lateral portion of the capsular ligament, that part of the joint where it is thinnest

unfolds itself, and spreads out thus rotating the foot outward. If you inject mercury into the cavity of the hip joint, the leg will rotate outwards and most of the liquid will be found on the outer surface of the joint. The case before us is one of true hip disease. It may have originated from the complication of diseases from which the patient has already suffered but the disease has been arrested in its second stage. There is also spurious ankylosis of the knee. The injury which he received in June having had a tendency to rekindle the old affection. I believe he is in a precarious condition and that a re-development of his old trouble is at hand. He has been taking Calcarea Carb. 30th, twice a day. He now must use a crutch and walk on the other leg as much as possible. He must be taken from school, to prevent him from running or playing the games in which all boys delight which would be likely to renew the inflammation. And what is learning without health? As this remedy he is taking appears to be relieving him, it must be continued. There is no medicine which acts so quickly upon necrosis as Calcarea, especially when the affected parts are knee and hip; but it is necessary that the medicine is given time to act; it must not be immediately changed, even if you do not perceive the relief you expected. The constant desire to vary prescriptions, so apparent in young physicians, often arises from their anxiety to succeed in their profession. If you administer a remedy, and the patient presents himself the next day and is worse, be careful about attributing the exacerbation to medicinal aggravation. There is such a thing, no doubt, but it is a rare occurrence; do not confound it with the natural progress of disease. I will show you

this boy at the end of the term, and you will see how much the treatment has effected. Remember that in the first stage most of the pain is in the knee. This case bears out, in a measure, what I have told you in reference to hip disease. (Three other cases of hip disease were then introduced, and the peculiarities of each pointed out.)

(Continued in February.)

NOTES BY THE WAY.

DR. USSHER,
W. H. SWIFT, T. C. C. C.

HEADACHE

Mrs. R. Headache, back of head and vertex, depressed spirits, pain through the temples, cramped feeling in nose, no headache on waking, worse of an evening; not much of a tea-drinker. Ign. 3x cured.

SICK HEADACHE.

Mrs. C. Gets red in the face, beams on the vertex, deadly sick, no life in her, sparks before her eyes; the headache begins in the morning until she vomits, then it decreases; it is one-sided (left), comes on again in the evening; she is at the climaxis. Lach. 12 relieved, but Cyclamen 3 cured, and on every repetition of the sickness has afforded her prompt help. She was worse in afternoon and evening which made me think of Pulsatilla; also in the air and on moving, the very opposite of Puls., so Carrol Dunham both stopped and guided me. Pulsatilla longs for the open window, a symptom I have many times noticed in a phthisical patient, and it always relieved her. They have both blind headaches, and my case had heat of head. The headache of Puls. often associated with chilliness. There were glittering sparks before the eyes, which reminded me of Cyclamen (also Cocculus). There was also aversion to food and fat (Puls.).

AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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EDITORIAL.

MEDICAL EDUCATION.

Almost every medical journal, which comes to our sanctum, contains more or less articles on the necessity of reform in our schools, where young men are prepared for the practice of the healing art. From the editorial desk as well as from the pens of contributors, we see complaints of the inefficiency of the present system of teaching as well as of unprepared material, which is to be molded into competent physicians. Medical societies, both county and state, have made the subject a matter of discussion. Consequently we have many and various suggestions, some good and others very indifferent, offered to ameliorate the present condition of things.

State laws are proposed, and advice is given to the faculties, how to im-

prove their courses of lectures, all of which would nevertheless only tend to patch up a system radically wrong in itself.

Unless we go to the root of the evil, we will never be able to place the medical education of this country upon a footing worthy of the great cause, or of the aim we have in view when sending out medical advisers for the people whether in health or in sickness.

To begin then in the right direction we must have fewer colleges. Where there are so many colleges in a State as we now find in almost every State, and all of them more or less dependent upon the fees of the students for support, it must inevitably result in a spirit of competition to attract the greatest number. The means employed to attain this object are too often not the most praiseworthy, and reluctantly acquiesced in by the more conscientious and upright members of the faculties. But when ambition or some other selfish feeling has caused a number of physicians, under the too easy laws of the land, to associate themselves together and call themselves professors by establishing a college, where none is needed, it follows, very naturally, that they should act upon the motto: "We must live," tho' this may be more than doubted by others.

But the new college once established and struggled into life, tries to sustain itself and attract students, by making the obtaining of a diploma as easy a task as possible, notwithstanding the

high flowing terms in which its course of lectures and instruction is announced to the world and the intimation that a very advanced grade of medical knowledge and acquirement is deemed requisite to pass an examination for a degree.

And how are the professors, the teachers who are to instruct the young men, who are desirous to become physicians, selected and appointed? nominally by a board of trustees, actually by a mutual admiration society of the professors or would-be professors themselves.

What then can we expect from schools so established, from professors so chosen? Only a very low grade of knowledge possessed by the students and an ever increasing host of physicians wholly unfit for the exalted calling they help to degrade.

The first step then toward a thorough reform in medical education, is to pass a law which must abolish all unnecessary colleges, and limit their number to two or three in each State. Two or three and no more can be sustained with benefit to the profession in one state, one for every school, or better still, let chairs for each school, be established in every college to which the State gives existence.

But these colleges ought to be sustained by the State, so as to make the professors independent of the fees of the students. Fixed salaries ought to be attached to each chair, salaries paid by the State, while the fees of the

students should go into the public treasury.

Under such an order of things, we could justly expect that an unbiassed examination would precede the conferring of a degree.

But it is also necessary that no one should be appointed to a professorship, who had not previously passed a professional examination, before a board of State examiners selected from men of the highest standing in the profession, and who should belong to the Board of Regents. That board should not only satisfy itself as to the acquirements and knowledge of the nominee for a chair, but also that he is qualified and able to *teach* what he knows; and when found so he should be appointed for life, and only removed for grave cause. Many of our readers will appreciate the full force of these remarks.

This is evidently the first step absolutely necessary, if we would really desire and expect a thorough reform in the medical education of the coming physicians. In our next number we will try to point out other and what we deem equally important steps which must follow to make the work radical and complete.

A MANUAL OF SURGERY BY W. FAIRLIE CLARKE, F. R. C. S. TWELFTH VOLUME OF "WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS."

This is the last volume of the series

and it is pleasant to notice the high standard of excellence that has prevailed. The Manual of Surgery is very concise and will be particularly useful for ready reference. Most of the improvements in modern surgery are mentioned, and as much condensed as possible. The more general surgery of the eye and ear and such as the general practitioner should be familiar with, is given, and we consider the series taken, as a whole, a decided success. H.

HAYNE'S ANNUAL DIRECTORY OF
HOMOEOPATHIC PHYSICIANS OF THE
STATE OF ILLINOIS FOR 1880.

Very useful as a volume of reference, more particularly for physicians residing in Illinois.

VACCINATION.

To Dr. A. Hazlewood, Grand Rapids,
Mich.

DEAR SIR: Seeing that you are appointed by the State Board of Health a committee to compile statistics on the subject of vaccination, I beg leave to call your attention to the following facts and considerations:

1. A large and respectable class of health reformers, and other persons opposed to vaccination growing in numbers, desire to see the figures presented more logically and fully than they have heretofore been, showing the value and necessity of this "prophylactic." The statistics so far seem generally to be ex parte, or imported from France or some distant country, and so ingeniously put as to tell a wrong story. Instance the following from The Popular Science Monthly of May, 1872:

"If there were any reasonable question of the value of vaccination as a preventive of small-pox, strong evidence in its support is furnished by the circumstance of an epidemic now prevailing in the island of Jersey. It appears that of thirty-nine persons, comprising all that were attacked with small-pox in the town of Gorey, but five had ever been vaccinated. Six of the thirty-nine died and but one of these had ever been vaccinated. At last accounts the epidemic was rapidly spreading," etc.

Now, the figures in the above paragraph, which are given to beat all other statistics that had ever been given, in convincing the reader of the necessity of vaccination, really tell the opposite story. The result is $5\frac{1}{4}$ per cent. in favor of the unvaccinated.

2. Many errors are held by the people on account of the confidence they have in statistics and anecdotes from some foreign country or distant land whereas a tabulated statement of the cases occurring in their own vicinity, if made (and anyone can easily compile such a statement), teaches the contrary doctrine. This is emphatically true with reference to vaccination, small-pox, varioloid. The truth is often very surprisingly the opposite of which is generally believed. For instance, everybody believes that sneezing is done through the nose, —that the air from the lungs in that act is expelling mainly through the nose. Now, this is a thing that has been going on for thousands of years, —ever since the human race came into existence,—and "right under our nose;" and the truth is, the air is expelled almost wholly through the mouth. Were we to close the mouth by force we would in sneezing "blow the top of our head off" for want of air passages large enough. Blunders as bad as this are constantly made in

observing the progress and results of disease and its treatment.

3. In the history of vaccination there have been the same complications as have generally accompanied therapeutics among the uneducated. A man, for example, who is subject to excessive gastric irritations, jumps into a barrel of warm water and takes several drafts of brandy. He is immediately relieved, and ever afterward he has the good story to tell that brandy is just the thing to bring one out of those fits scarcely ever mentioning the barrel of warm water, or if he does, it is not regarded as important; whereas the warm water may have done all the good that was experienced. So, while the people have been vaccinating themselves or the last seventy-five years, they have also taken from other precautions against small-pox; and the lingering belief in medicinal talismans still so popular induces them to credit the poison rather than hygienic agencies.

4. I clip the following paragraph from a newspaper of some months ago:

A bill has been introduced in the German Reichstag by the government, making not only vaccination, but also a revaccination compulsory. In England the laws requires only the vaccination of children. In the debates on this bill the old dispute between the advocates and the opponents of vaccination has broken out with unusual violence, and petitions against the passage of the bill have been pouring in from all quarters. The fact that revaccination is required is used with great effect as an argument to demonstrate the uselessness of all vaccination. Numbers of people have sent in statements that the revaccinated members of their families have died from small-pox, while the others were not

even attacked by the loathsome disease. It has been attempted to show that where vaccination is general, the number of deaths of infants is much greater than in other countries. One of the best authorities on the subject so far as practical experience is concerned, has published a pamphlet, wherein he maintains that the physical, moral and mental degeneration of the race can be traced directly to the brutalizing influence of vaccination. It seems to be conclusively established that some disease can be engrafted by vaccine matter from one body to another, and that the great spread of scrofulous diseases is mainly due to vaccination. The advocates of vaccination seem, however, to be vastly in the majority, and the main question is now, how practically to carry out compulsory vaccination.

5. The importance of exact observation and overwhelming statistics on this subject is due to the following considerations:

(1.) No person, by right or by constitutional or common law, can be compelled to poison himself for any purpose whatever, no matter what statistics may teach; and it is wrong to cut off one's school or other public privileges because he refuses to poison himself. Inferior courts have already given this decision.

(2.) Where our state law uses the word "may" the state board of health is endeavoring to get the local boards to substitute the word "shall" thus forcing vaccination upon the people. (Rules and Regulations, etc., page 7.)

I do not write this letter for the purpose of opening a controversy, nor even to draw from any statement or reply (unless you choose to give it), but simply to make myself and friends sure that you are warned of certain things, which perhaps you already know, and that the people

may have their conscience awakened on this subject. There is no telling how much physical degeneracy and irritability of temper is due to vaccine virus and to drugs introduced into our bodies. No experiments or leaps in the dark should be made.

Respectfully yours,

EWING SUMMERS.

LANSING, MICH.,

HOT WATER FOR THE INDUCTION OF PREMATURE LABOR.

Dr. Benicker related at the Berlin Obstetrical Society (*Beclin Klin. Woch.*, Dec. 29) a case of dropsy of the amnion, showing the advantage of inducing premature labor by irrigating the vagina with water at a temperature of 40° R. (122° Fahr.), to which some carbolic acid had been added. Two injections in the evening brought on pains which increased during the night, and after two other injections in the morning the cervix became well dilated. Dr. Benicker recommends this procedure as an energetic means of exciting labor without injury to mother or child. Its effects will vary according to the degree of excitability of the uterine fibres in different woman. Mr. Möricke related a case in which he had in vain attempted to induce premature labor by injecting first pilocarpin, and afterwards hot water, which was employed five times. He eventually succeeded by means of a bougie. Dr. Runge, who had already published a successful case, cited another in which the injection failed. All trials that have been made show the harmlessness of the procedure for the child. Dr. Veit referred to a case in which excessive rigidity of the soft

parts was overcome by the injections. Dr. Wegscheider stated that many years since hot-water injections were employed in Berlin, but were given up on account of the bad effects they were supposed to have on the child.

USE OF COLD BATHS IN STRANGULATED HERNIA.

The use of cold in the treatment of strangulated hernia (*Wiener Medizinische Wochenschrift*, No. 26-27) has been often and much recommended for a long series of years, sometimes in the form of bladders of ice, sometimes in the form of cold compresses. These methods have, however, the disadvantage that they must be employed for a long time before any result follows; and if none follow, the favorable moment for operation may have been wasted in the unsuccessful attempt. Dr. Hein observes that in four cases he had perseveringly employed cold applications to the tumor, without bringing about its reduction. On the other hand he had, in two cases favorable results with cold baths, by which he obtained an effect of cold upon the whole intestinal tract. In the first case the patient has had a warm bath ineffectually, and he then put him, sitting up, in a cold bath. The tumor returned of itself while the preparations were being made for the administration of chloroform. In the second case, one of scrotal hernia of the left side, eight hours incarcerated, he gave a bath for fifteen minutes at a temperature of 15° Cent. (59° Fahr.); the reparation was easily effected. Half an hour after the bath, the temperature was 36.4° Cent. (97.5° Fahr.) in the axilla. By this method a lowering of the whole temperature of the body is caused, and thereby contraction of the intestine in

its whole length.—*London Record*, Jan. 1880.

SALICYLIC ACID.

Dr. MacLagan, an English authority, thus epitomizes the danger attending the use of salicylic acid in acute rheumatism:

"1. In acute rheumatism the heart is apt to be inflamed. Attention is usually concentrated on the membranes; but the muscular substance also suffers. When severe, myocarditis is apt to be fatal, and is frequently recognized in the *post-mortem* room. In a mild form it is, I believe, much more common than is usually supposed. It may exist independently of inflammation of the membranes. In all forms it produces softening and weakness of the muscular substance.

"2. Salicylic acid, no matter whether given alone or in combination with soda, exercises a depressing action on the heart. This action is by no means general, and is probably due to some idiosyncrasy of the affected individuals.

"3. If this depressing action be produced in one in whom the heart is physically sound, no great harm will be done. With the omission of the drug the depression will soon pass off.

"4. But if it be produced in one who is already the subject of rheumatic myocarditis (an ailment which is not easily recognized during life), and in whom, therefore, there exist softening and enfeeblement of the ventricular walls (for the left ventricle is the chief seat of such inflammation) the depression is likely to be alarming, and may be fatal.

"To form an adequate estimate of the nature and extent of the dangers attendant on the administration of salicylic acid in acute rheumatism,

we must recognize—first, the tendency of the rheumatic poison to produce inflammatory softening and weakness of the muscles of the heart; and, secondly, the tendency of salicylic acid to depress that organ. It is in the combination of these two that lies the danger of the drug.

"It is in the absence of the tendency to produce such depression that lies the superiority of salicin over salicylic acid."

RHEUMATIC ARTHRITIS.

DR. SHER.

Jacob P. a German, and, as the sequel will show, a good specimen of that solid nation, became a dispensary patient September 25, 1879. The right eye was severely inflamed, thick bluish-red vessels were abundant on the conjunctiva of the globe; the lids were scarlet, granular, tumid-looking; more lachrymation than intolerance of light; paroxysmal pain. He was full blooded, and of rheumatic diathesis. Bell. 3x gave a good deal of relief, but there was not so much as I anticipated, and to the pain was added nervousness. On the 30th there were three adhesions in the lower segment of the iris. Still I felt Bell. was in its place. On the 6th the appearance of the iris was altered—immensely dilated, oblong, with the long diameter in a line from the zygoma to tip of nose; and round the iris a deep brick-brown colored zone. I changed the Bell. 3x to Atropine 3, gtt. v., in 12 tablespoonfuls of water, this to be taken three times daily, bathing the eye with warm milk and water. Sept. 9, he could not sleep for the Atropine, it affected his head, but all the other symptoms were improved, and continued to do so until the 14th. He had Atrop. 3 only once; my choice was directed to it rather

than Bell. by severity of the neurotic symptoms—pain, agitation, and photophobia. The freedom from pain, adhesions, vascularity, and returning power of vision, left nothing to be desired. A sty on the left upper lid was the last inconvenience, and Staph. 3x cured.—*Houl. World*

PETROLEUM.

F. G. STANLEY WILDE, L.R.C.P., L.R.C.S.,

Edin.

Nottingham, Eng.

The therapeutic uses of Petroleum have been, so far, very limited. Dr. Hughes, in his "Pharmacodynamics," says: "I commend Petroleum to your study as a medicine whose virtues have been, as yet, by no means exhausted."

The action of Petroleum upon the *skin* is very marked.

It causes a general sensitiveness and unhealthiness of the whole surface, with a tendency to ulceration from slight causes. It produces *herpetic eruption* on almost all parts of the body, but specially upon the nape of the neck, the chest, the scrotum, and inner side of the thigh, the perineum, the knees and ankles. The eruption is characterized by much *itching*, *excoriation*, and *oozing*. It becomes *pustular* in certain parts.

Upon the *scalp* the effects produced are: much *itching*; "scurf on the hairy scalp," "falling off of the hair," and an eruption of a pustular character, with formation of crusts.

Upon the *hands*, *rhagades* are caused, and also a condition resembling *chilblains*.

The production of rhagades is a strongly marked pathogenetic effect of Petroleum: "chapping of the hands and finger;" "bleeding fissures in the hands and fingers."

Upon the *feet* are produced: "obstinate superficial ulcers on the toes with elevated margins, red bases, and oozings;" swelling, tenderness, and burning sensation in soles, and foetid perspiration of the feet.

From this brief summary, some therapeutic suggestions may be deduced.

1. It should prove a useful remedy in Eczema where the characteristic symptoms are present; itching, excoriation, and much oozing discharge.

2. In herpetic eruption when this occurs upon the parts specially affected by the drug.

3. It appears to be indicated in intertrigo.

4. Itching is a general and prominent symptom of Petroleum, and suggests its use in some forms of prurigo. It would be indicated in prurigo of the scrotum, accompanied with moisture of the part.

5. Remembering its effects upon the scalp, benefit should be derived from its use in pityriasis, in falling off of the hair, and in porrigo capitis.

6. Rhagades of the fingers and hands would be under its influence, particularly if they were caused by dry cold, and the remedy would be further indicated if the chaps showed a tendency to bleed or ulcerate.

7. In Chilblains, it would probably be of most use when these become broken and painful.

8. As a remedy for tenderness and foetid sweat of the feet it has proved successful in the practices of Dr. Madden and Dr. Hughes, who have also found it a curative in foetid sweat in the axillæ.

Petroleum affects the nervous system and the mucous membranes almost as powerfully as it does the skin.

Although vertigo is a symptom of a very large number of our drugs, the vertigo of Petroleum is noteworthy,

it being of a peculiar swimming or to-and-fro character, like the sensation produced by a swimming motion. It is accompanied with nausea, or qualmishness, and is aggravated by movement, especially by stooping, and on rising from the sitting or recumbent posture. The vertigo, in addition to nausea, may be further accompanied with vomiting, paleness or heat of face, cold sweat about the head, sensation of emptiness and weakness in the stomach, urging to stool, and a general feeling of weakness throughout the body. Thus the concomitant symptoms of the drug form a pretty faithful picture of the effects produced in sea-sickness, and in this affection Petroleum has been administered with success.

The headache of Petroleum is chiefly occipital; it is worse in the morning; after mental exertion, chagrin and anger. The pain is principally pulsative, pressive or cramp-like. One of the head-symptoms is peculiar: a "feeling as if the head were full of living things."

Eyes.—Irritation and inflammation is set up, with the usual symptoms of much itching, burning, and lachrymation. A symptom worthy of attention is "inflammatory swelling in the inner canthus, resembling an incipient fistula lachrymalis, of the size of a pigeon's egg; accompanied with dryness of the right side of the nose." Lachrymal fistula has been cured with Petroleum.

Nose.—The symptoms here produced upon the mucous lining are suggestive of the usefulness of Petroleum in some forms of chronic inflammation, and ulceration of the interior of the nose. It causes "dryness, and troublesome sensation of dryness, in the nose;" swelling of the nose, with discharge of pus, and pain above the root of the nose; "stoppage of the nose;" "ul-

"cerated nostrils." *Ozæna*, when non-syphilitic, is benefited by Petroleum.

Ears.—Upon the mucous membrane, similar symptoms to those of the nose are produced. But the drug, here, further affects the nerves, and there is thus caused deafness and various kinds of noises in the ears, described as "buzzing," "tinkling," "rumbling," and "roaring." Also, otalgia of a "cramp-like" nature.

Hardness of hearing is said to be specially benefited by Petroleum, after Nitric Acid has been first used. Dr. Drysdale records a case of deafness with noises in the ears in which Petroleum acted with striking results. The patient had had previous treatment for eighteen months, without relief, but was cured of the noises in three weeks, and the deafness was also considerably improved in that time. The dose given (three drops of the pure oil, contained in a capsule) is worthy of notice. One capsule was given every second night. According to Noack and Trinks, Petroleum has been, further, of service in deafness from paralysis of the auditory nerve, and in otitis and purulent otorrhœa.

Larynx and Chest.—Petroleum has no very special characteristics here. It causes chiefly "dry cough at night," hoarseness, wheezing or rattling in the trachea, difficult breathing, and "stitching" pains in the chest, especially on the the left side. It produces palpitation of the heart, and a feeling of coldness in the region of the heart. Dr. Drysdale has employed Petroleum, with benefit, in chronic bronchial catarrhs.

The digestive organs are affected more characteristically. The taste becomes depraved, being "putrid," "sour," or "bitter," the breath is foetid, having a smell like garlic; there is much thirst for beer, and a

repugnance to meat, fat, and hot food. The aversion to fat food, which is produced by Petroleum, has been pointed out by Dr. Guernsey, who compares it with Pulsatilla in this respect. In the gastric region, it causes water-brash, particularly of a sour kind: there is much nausea and qualmishness, especially in the morning. The nausea is sometimes accompanied with cold sweat, accumulation of water in the mouth, sudden heat in the face, and vertigo. Various pains and sensations are produced in the epigastrium, such as empty feeling in the stomach. These sensations occur chiefly in the morning, before breakfast, and are sometimes accompanied with nausea and diarrhœa. Petroleum has been used successfully in the morning vomiting of pregnancy. The predominance of nausea, rather than of actual vomiting, and sour eructations, would probably be guiding indications for its use here. It has also been given for the nausea and other ailments caused by riding in a carriage.

In the intestinal tract, Petroleum causes colic of a cutting character, which is accompanied with urging to stool, or diarrhœa. It occurs usually in the early morning (four o'clock), or in the evening. The diarrhœa of Petroleum is of a dysenteric nature: "mucous stools, often mixed with blood;" "diarrhœa consisting of bloody mucus. Teste uses Petroleum, with Ipecacuanha, in dysentery. He says: "This seems to have done very well." Petroleum ought to be useful in some conditions of morning diarrhœa, particularly where the symptoms coincide with those enumerated. Hard, knotty stools are produced, "with feeling as if the rectum lacked power to expel them.

Urinary Organs.—A strong irritant is here produced upon the mucous

membrane of the bladder and urethra.

It causes frequent micturition, "only a little at a time;" and involuntary micturition. Burning pains, either in the neck of the bladder or in the urethra, often accompany urination. The urine passed has a fœtid or ammoniacal odor, is of a deep red or brown color, and deposits a reddish sediment. "Mucous discharge from the urethra" is another symptom of the drug, which, conjoined with the foregoing, forms a tolerably faithful simile of chronic catarrh of the bladder. Petroleum has proved beneficial, in Dr. Drysdale's hands, in chronic urethritis accompanying stricture.

In the action of Petroleum upon the generative organs, Dr. Drysdale has experienced good results from the use of the oil in the chronic inflammation of the prostatic portion of the urethra, with frequent emissions and imperfect erections; and in chronic intrauterine catarrh. In these cases, Petroleum capsules, containing three drops of the pure oil, were administered.

Sufficient evidence has been adduced to show that Petroleum is deserving of a more prominent place in our therapeutic armamentarium.—*Ibid.*

PUBLISHER'S DEPARTMENT.

LACTOPEPTINE IN CHOLERA INFANTUM.—As the summer troubles of children will soon engage the attention of the Profession, we would ask our readers to give Lactopeptine a fair trial in Cholera Infantum. In our hands it has been of more service than all of the usual remedies combined.—*The Southern Clinic, Richmond, Va., April.*

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CONCERNING PLUMBUM.

BY
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Case Illustrative.—Was called late Saturday night, March 13, and found a wiry, nervous man sitting upon the bed, back to the wall, his head bent over a washbowl held in his lap, gagging and occasionally vomiting. Was informed that this had been the condition since Monday morning, and that during the six days he had not been free from vomiting but two hours at a time, and generally only about half an hour. The physician who had attended him during this time was present, and as he passed him over into my hands, gave me this history of the case.

The patient had driven thirty-two miles on the Sunday preceding the attack, had become thoroughly chilled, and early Monday morning he was called and found him with a severe pain in the back. Further examination showed a large ulcer of the leg

of four years' standing and the leg much swollen and inflamed. The vomiting was persistent, and considering the inflamed condition of the leg as erysipelatic, he diagnosed reflex vomiting from the erysipelas, or as he phrased it, from erysipelas of the stomach. His treatment for the first day was Lobelia emetics, but finding them useless, he had tried to stop vomiting with fixed and free alkalies. Pity made me receive the patient from his hands, but I could see no hope of a favorable ending.

Status presentis. Thermometer 95 : pulse quick, small; tongue red, dry; bowels constipated; impossible to retain even a swallow of water upon the stomach, and the physician had been giving nourishment per anum; urine scanty, about an ounce in twenty-four hours; no pain in the back, and no severe pain anywhere; had not averaged more than two hours' sleep in the twenty-four, during the six days of his illness; eyes dull, and flesh "doughy." No notice was

taken of the leg. Some of the vomiting had been of a "coffee ground" character, but most of it was either colorless or of a greenish color, inodorous, and of sweetish taste. Diagnosis—Reflex vomiting from acute nephritis. *R. Arsenicum.*

The remedy was continued for twenty-four hours, and so was the vomiting, and it was not till this time that I could obtain a little urine for examination. Heat and Nitric acid made it perfectly solid, so that it would not leave the inverted test tube. Diagnosis—Acute albuminous nephritis; prognosis unfavorable. A study of the case led me to Plumbum, which was administered in the 3d c. trituration. No vomiting ensued for the next twenty-seven hours, and beef tea and milk could be borne. At the end of the third day of treatment there had been but one vomiting, no great distress from the food taken, the urine passed was about one and one-half ounces, nearly free from albumen and from oil-globules. The remedy was now changed, but during the fourth day, when hope was aroused, epistaxis, and dark, tarry evacuations occurred, and during the night, a sensation of what he called faintness. Toward the close of the fifth day, while sitting up and having his legs bathed, he lay back, and in an instant was dead.

At the time that Plumbum was chosen, there were present these symptoms:—Persistent and long continued vomiting, having lasted for six days; an intensely dry and harsh skin; almost complete suppression of the urine, and that which came was loaded with albumen, a dyscratic condition of the whole system, as indicated by the ulcer upon the leg, which was three inches in diameter; intense unassuageable thirst; allayed temporarily by small pieces of ice held to the mouth; burning in the stomach

and in the umbilical region; persistent hiccough, commencing sometime before the act of vomiting and continuing for sometime afterward; constipation, which the physics previously given had not removed; the character of the vomiting sweetish, whatever its color; the nervous tension not much affected, though there was some muscular debility and a tendency toward blood extravasation. Indeed within forty-eight hours there was blood from the nose, ears, rectum and stomach. The choice of remedies lay between Arsenicum, Phosphorus and Plumbum. Arsenicum had seemed to be the best indicated, but had failed to do its work. The vomiting of Phosphorus is seldom or never reflex; its nephritis is not accompanied by marked constipation, but rather by diarrhœa; its nervous debility is distinct, and its muscular debility secondary. All this was opposed to the case before me.

The ordinary nephritic remedies did not seem to be demanded, and the attention was turned to Plumbum, with the success before spoken of. This remedy is not usually thought of in connection with acute nephritis in any form, but especially in acute albuminuria. It has been supposed to be indicated in that state of the system ultimating in, or having already fully developed, diabetes mellitus, but its clinical use has not proved its clinical value. A careful study of its objective symptoms, rather than its subjective ones, reveals two classes of nephritic diseases in which it promises well, especially when its subjective developments correspond with the objective, nephritis vera and nephritis albuminosa. The intimate connection between these two forms of disease is beautifully shown (Encyclop. of Pure Mat. Med., Art., Plumbum, Symp. 1985 and foot-note) in the case of a painter

admitted into hospital with albuminuria, and again admitted three years later, his urine showing a large amount of albumen with casts, his death two weeks later of erysipelas, and the autopsy showing a perfect picture of acute interstitial nephritis, yet intermingled with the elements of desquamative nephritis. Chronic nephritis is a frequent accompaniment of slow lead poisoning, and it is very seldom that more or less albumen, with the characteristic tubular casts of morbus Brightii, is not found in the urine. Other objective symptoms (notably those contained between symp. 2058 and 2096, Enc. Mat. Med) point to the same conclusion. The specific gravity in some of the cases noted runs very low, 1002, 1009, 1010, 1017, and ranging upward to 1024.

There is scarcely a symptom of desquamative nephritis which may not be found under the action of lead, but it must be noted that those symptoms which are the most prominent in the last stages of the disease are the very ones not found prominently as the result of this agent. It does not produce the recognized dropsy, with its attendant train of symptoms, though it has characteristic urine with the epithelial casts. The amaurotic symptoms, the epistaxis, the pain in the back, the dry mouth and intense thirst, the restlessness, the irritation of the neck of the bladder and the urethra, the concomitant heart disease, the loss of appetite and the irrepressible vomiting, as well as the character of the ejected matters, the constipation, and the weakness, all point to the use of this remedy in Bright's disease. Two-fifths of all the cases of heart disease examined in those poisoned by lead were associated with parenchymatous nephritis in the stage of atrophy. Now, there would seem to be no question as to the probable

value of this metal in many forms of nephritis vera, but the question of its adaptation to true morbus Brightii can only be determined *ex usu in morbis*. Perhaps we shall hear from it.

CALENDULA.

BY

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On Sunday Mr. S. found occasion to throw stones at a troublesome cat that interfered either with his siesta or his devotional frame of mind. Be that as it may, on the following Tuesday he experienced intense pain in the right shoulder and arm. Pain comes on in paroxysms, worse on moving the affected arm; relieved by lying perfectly at rest and on walking about the room. Part sensitive to the touch. Tongue slightly furred, bowels constipated; pulse and temperature normal.

Neither Rhus, Bryonia or Arnica gave any relief though used at different times in varying potencies. Hot applications relieved for a short period, but soon lost their good effect. On the evening of the third day of treatment, the pain was so excruciating I was tempted to inject morphine, but gave Calendula 3x, and was rewarded by a good night's rest on the part of the patient who only suffered one severe paroxysm after taking the remedy. The recovery was rapid and satisfactory.

Attention was called to the Calendula by my friend Dr. West of Geneseo, who informed me he had completely relieved a similar case (except the cat provocation) and corresponding symptoms; with two doses of the remedy, same attenuation.

THE "GERM THEORY," AND ITS APPLICATION TO THE PRODUCTION OF DISEASE.

BY

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(As read before the Indiana Homœopathic Institute.)

If you admit a small beam of brilliant light into a darkened room you will see innumerable particles of matter floating in the air, which are too small to be seen by the microscope.

These fine particles of matter have been found to be composed partly of organic and partly of inorganic matter. The organic portion has been found to be in part dead and decaying animal and vegetable matter, and in part of living animal and vegetable matter, *i.e.*, that which may, under favorable environments, develop into animal and vegetable life.

Contagious and epidemic diseases are supposed (for it is not yet a mathematically demonstrated fact) to be caused by certain animal or vegetable germs which find a lodgment in the human system and then develop into millions of organisms and thus produce disease, each variety of germ producing its own peculiar form of disease; small-pox producing small-pox and those of scarlatina producing scarlatina, and so on.

These germs are more frequently found in the water than in the air, and may enter the system in our drink or in our food, or by both methods. Those floating in the air are inhaled into the lungs; they may, perhaps, also find lodgment in the skin. They are propagated by throwing the dejectæ of the sick upon the earth or into cess pools, whence they find their way into the water of wells, springs and other sources of water supply, or they are thrown upon piles of decaying animal and vegetable matter, whence they find their way

into the air, and with it into our lungs.

This is a very short synopsis of what is termed the "Germ Theory of Disease." I am disposed to accept it as true, because I think it accounts for more of the phenomena of certain diseases than any other theory with which I am familiar. However, I am ready to accept any other which will more satisfactorily account for these phenomena. I do not intend in this paper to discuss this theory, as so much has already been written upon the subject that I take it for granted. All the members of this Society are already fully informed on this subject and have already accepted or rejected it in their own minds.

Our object is rather to discuss the manner in which these germs affect the animal economy, in order to produce disease. Let us first introduce a theory first promulgated, I believe, by Dr. MacLagan. He says, "All we know of the nature of the contagium is:

"1. That it consists of minute, solid particles.

"2. That these particles are probably organized.

"3. That in chemical composition they so closely resemble the fluids in which they occur that the chemist fails even to detect their presence.

"4. That they are so very minute that the highest powers of the microscope fail to give us definite information regarding their nature or their existence."

His third and fourth propositions throw doubt on the first, and the second only professes to be hypothetical; so we may sum it up by saying that we have no definite information regarding the subject. All is yet hypothetical. He says: "Beyond this point the combined efforts of the chemist, microscopist and biologist have failed to carry us."

He takes up the eruptive fevers because, "Each has a tolerably definite period of incubation; each has for its most prominent symptoms the existence of that aggregate of phenomena to which we apply the term fever; each possesses a characteristic local lesion; each has a pretty definite period of duration; each occurs, as a rule, but once in a lifetime."

Let us grant that these germs are really minute organisms endowed with life. These, like other organisms similarly endowed, require for their growth nitrogen and water. He calls them the first factor. These organisms find a lodgment in the human body; they must, therefore, obtain the elements of their growth from their environment. They are, therefore, parasites, and required a special condition or nidus for their development. This nidus he calls the second factor. When these two factors come together these germs grow and multiply by division until enough are formed to produce morbid phenomena. When there are large amounts of both factors we have fulminant cases. He says of these organisms that, "They are mainly composed of albumen; they largely consume nitrogen; they largely consume water; they multiply by division." In fever we find, "Increased consumption of water; increased rapidity of circulation and preternatural heat; the juxtaposition of the chief characteristics of the contagion and of the phenomena accompanying its propagation, alone suggests a probable causa relation between the two. The propagation in the system of millions of organisms, which largely consume elements requisite for the nutrition and repair of all the tissues of the body, must be accompanied by serious disturbances. If nitrogen and water be the chief requisites for the growth of the contagium particles, the symptoms and

changes, referable to increased but abnormal consumption of these elements, will be among the chief characteristics of the disturbances to which the propagation of the contagium gives rise." As these organisms circulate in the blood, they absorb the nitrogen which was intended to nourish the tissues, and hence a greater demand for a blood supply. The tissues of the heart being weakened, there would be a rapid but feeble action of that organ. The nerves would suffer. We would have headache from anæmia of the brain, followed by headache from too great a supply of depraved blood, and aching of the limbs from spihæ anæmia; we would have indigestion from a deficit supply of water, which is necessary to the proper performance of such function, and also a defective assimilation. As a result of the increased rapidity of circulation, there would be increased respiration and heat, with no perspiration, and increased waste of nitrogen by retrograde metamorphosis of the nitrogenous tissues. With the increased heat there will be increased thirst; then what becomes of the water drank by the patient, as the skin is dry, urine scanty and bowels constipated. We see that the water is not eliminated, and are sure it is not retained in the system. It seems quite reasonable to suppose these parasitic organisms absorb it. Sometimes the deficient supply of water causes the kidneys to fail in the performance of their ordinary functions, and there is an increase of urea with its usual results, and also albuminous urine. But the question may be asked, why do not these symptoms continue until the patient is dead in every case? The answer is: The second factor becomes exhausted before the vitality of the patient, and these organisms die for want of their necessary pabulum; and this second

factor is seldom renewed, which accounts for the rare recurrence of these contagious disorders.

Thus this theory of Dr. MacLagan accounts very satisfactorily for the phenomena of this class of diseases. Its weak point is that the premises are entirely hypothetical. Suppose this matter we have inhaled, or drank, or eaten, is not organized matter, having life with all its consequences, but is really inorganic but poisonous matter. Then, so far as this is true, Dr. MacLagan's theory fails to account for the phenomena. As we are dealing with hypotheses, why not add another to the list and let the fittest survive? Let us now assume that this matter is inorganic, and see if we can find any hypothesis that will account for all the features of the case. We believe that all matter, whether it be organic or inorganic, is endowed with a certain force; each variety of matter having a force peculiar to itself, and that this force can be communicated to other particles of matter, having a different and perhaps a less active or less powerful kind of force. To illustrate: Put a half grain of tartar emetic in four ounces of water, and agitate it until the drug is dissolved and thoroughly mixed with the water; then take a teaspoonful every five minutes, and you will soon find emesis produced, and that, too, by an amount of the drug hardly appreciable on the druggist's scales, and equal to, or greater than you would expect from the whole quantity of the drug that was mixed with the water.

This water may be mixed with other quantities of water, still retaining much of the drug force, while diminishing more and more the quantity of the original drug. The limits to which this process can be carried have never yet been defined.

Again, let us take two iron bars or

pokers, as nearly alike as possible. We will heat the end of one of them red hot. There is now a visible difference between them. The heated one emits both light and heat. Light and heat are said in molecular physics to be simply "modes of motion." Let me apply the heated end of this poker to your person, you will readily believe that such is the case, for it will not only cause you suddenly to withdraw your person from its contact, but the contact will cause an inflammation on the part, which is only another mode of motion. You now realize that the heated end of this poker has a capacity for business that the other poker does not have.

We now place the heated poker in a small quantity of water, and assert that the water will now produce similar results when applied to the person that the red-hot poker did. You deny it, and triumphantly exhibit a drop of water under the microscope and show conclusively that there are no particles of iron floating in the water, and insist that because there is none of the iron of the poker in the water, therefore the water can not have the same or a similar effect. Why not then, instead of this inferential demonstration, try the *experimentum crucis* by placing your finger in the water? By this time our poker has become cooled. We now place it on an insulator, and have it charged with electricity. You now bring your hand in connection with it, and you will readily perceive that it has now another kind of force—another mode of motion. I take the poker and swing it round rapidly, and in doing so, in a purely accidental manner, bring it in contact with your tibia. The motion which I imparted to the poker is suddenly arrested, but it has at the same time, been imparted to you. You now see that this simple piece of iron may be charged with several kinds of

force, and that no one kind interferes with the others.

You may divide it while red hot into two parts, and its power for mischief is nearly doubled; and so may you continue to divide it indefinitely, all the time increasing its power of radiating heat. Let us now apply this theory to the action of drugs.

The particular forces of drugs are only known as the result of experiment. No man can tell by logical argument why tartar emetic will produce emesis and and Sac. Lac. will not. It can only be known as the result of experiment. When you have thus ascertained the peculiar force of any drug, you are then ready to see by trial how far you can impart that force to other particles of matter. This, too, can only be ascertained by experiment. No mathematical or logical demonstration, that such an infinitesimal amount of matter as may be found in this or that dilution, must necessarily have no effect, will answer. As the test of actual experiment has been made many hundreds of times every day for more than an average lifetime, and can be repeated by any one of sufficient intelligence and candor to make it, the fact may be said to be logically demonstrated to be true. It is therefore *res adjudicata*.

You say that one two-hundredth dilution contains none of the original drug. How do you know this? Do you know the size of an atom or molecule? If not, how do you know that there are not present some of the atoms or molecules of the original drug? We have shown by analogy that the peculiar force of one substance can be imparted to other substances; and many thousands of experiments have proven conclusively that the two hundredth dilution has the peculiar force of the original drug in a form much more easily controlled, and freed from the dangers which may at-

tend the use of the crude drug. But admit, for the sake of the argument, that the original drug has all been eliminated; does that prove that the two hundredth dilution has and can have no effect? Experiment has proven, and can prove again as often as you desire, that it has the force peculiar to the original drug, the Milwaukee test to the contrary, notwithstanding. We have simply retained the force and thrown away the dead matter; and who shall say we have lost anything valuable by the process? Let us now apply these facts in molecular physics to the germs we have been speaking about. They are supposed to enter the blood in greater or less numbers. Was there ever a machine invented that would more thoroughly mix and succuss these small particles of matter than the heart and its connecting blood vessels? These germs, whether organized or unorganized, impart their force to the blood, and thence to all parts of the system, and act in the same manner and produce their peculiar effects as do the poisonous drugs.

If they are living organisms requiring nitrogen and water for their propagation and growth, this fact does not conflict with our theory, but seems to explain many of its phenomena. While Dr. MacLagan's theory only accounts for the effects of the living germs we eat, drink and inhale, this theory accounts equally well for all. Until the organic or inorganic character of those substances is fully known in all cases, these two theories stand together side by side, and not in opposition. Let us wait for more light before condemning either.

We are indebted to T. P. Wilson, M.D., Professor of Theory and Practice of Homœopathy in Michigan University, for the latter theory, and think that it may be fairly designated as Professor Wilson's theory of drug

forces. We hope the learned Professor will at an early day further enlighten us on this very interesting subject.

MENTAL SYMPTOMS.

By

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A criticism in a late number of the "*Physicians' and Surgeons' Investigator*" says in alluding to certain symptoms relating to the condition of the mind given in the February number of the *Hom. Journal of Obstetrics* in an article on miscarriage, "we think 'this is quite enough to question a 'man's sanity or rationality at least.'" There are other points of objection to the article in the opinion of the editor of the *P. and S. Investigator*. He objects first to the number of remedies given, and says he believes all the remedies necessary to treat an aggravated case of miscarriage could be written on a finger-nail. Now, when we consider the size of a finger-nail (ordinarily about half an inch square or oblong), we can easily see that so many remedies could find no place for enrollment, and such things as mental symptoms would be counted as superfluous and absurd. But, alas, I am one of those who have great faith in symptoms relating to the condition of the mind, and if it is an evidence of insanity or irrationality, why, I only wish I was a good deal more so, and glory in the so-called absurdity. Why I have this faith may seem more apparent by giving a few instances in which the mental or moral condition pointed to the remedy. "Irresistible desire to sweat" in a case of puerperal mania, was the leading symptom that suggested *Anacardium*, and great re-

lief followed its administration. *Cap-sicum* was given in acute mania, on account of a "disposition to take everything in bad part," and cured the case. A man suffering with psoriasis became exceedingly melancholic with disgust of life. *Aurum* was given and cured the melancholy and skin affection. A case of metrorrhagia presented sleeplessness with an "inconsolable sadness." *Ambra grisea* was suggested and prescribed with a cure to the insomnia, and marked benefit to the patient. A delirious patient suffering with pneumonia was given thirty grains of *Chloral hydrate*, without producing any effect; the patient "talked all the time"—a "frantic loquacity." *Lachesis* was the remedy this called for, and after its administration, the patient slept ten hours and awakened refreshed without delirium. The *Lachesis* was given 20 hours after the *Chloral*, and only two doses were given before patient slept. In gastric and other troubles, "a fear of solitude or of being alone" has often led to the beneficial employment of *Lycopodium*. A patient suffering from constipation was exceedingly sad, the "sadness being increased by consolation." *Natrum muriaticum* was the remedy suggested and which relieved the constipation and accompanying troubles. This list could be extended indefinitely; cases might be quoted showing how "peevishness" pointed to *Chamomilla*, "fickleness" to *Nux moschata*, and "haughtiness" to *Platina*, as well as the value of the "tearfulness" of *Pulsatilla*, the "crowd of ideas" of *China*, the "sighing" of *Ignatia*, the "indifference" of *Phos. acid*, the "discouragement and irritability" of *Nux vomica*, &c., &c. I do not mean to imply that these single symptoms are alone sufficient to base a prescription upon, but they are so often the most prominent objective symptoms

that the observing physician can detect that they stand out like a guide-board showing the right direction, and by following up the clue so discovered, we can easily examine other features of the case and verify or disprove the choice we would make. Many of my most brilliant cures have been achieved by observing the condition of the mind, and to me these symptoms are among the most important of our *materia medica*. The most reliable tests are those of a clinical character, and while the microscope may fail to see mental symptoms, and others may doubt their utility, I still believe we have medicines to "Minister to a mind diseased."

GONORRHŒA.

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Charleston, Ill.

I fear there are few Homœopaths who treat gonorrhœa and gleet exclusively according to the law laid down by the master.

With all their boasted knowledge they often deem it necessary to cauterize the poor fellow's urethra until it looks blacker than the ace of spades. It is high time to do away with the abominable astringents; they are but the relics of ancient barbarism; they do no good but great harm.

With such treatment we need not wonder that such patients carry their venereal trouble for months.

Gonorrhœa is just as amenable to Homœopathic treatment as any other disease of the mucous membrane. In justification of the above I will transcribe a few cases from my note book.

Mr. H., age 27, had gonorrhœa four days; discharge thick and creamy; bowels regular; no pains

when passing water. Presc. *Copaiva*, 6th every two hrs. Ordered injection of warm water 3 times per day. Cured in 6 days.

Mr. J., age 34, gonorrhœa 7 days; smarting and burning upon making water; penis swollen, showing much inflammatory action (*aconite*); after that discharge yellow, slightly tinged with blood. Prescribed *Gels. tinct.* 5 drops every 2 hours; in alterative *Aconite* 30th. Injecting of warm water 3 times per diem. Cured in 11 days.

Mr. L., age 27, gonorrhœa. Discharge began early in the day on which he consulted me; was very slight; much smarting upon making water; heavy aching in the lumbar region; tongue heavily furred; white ulcer within center of tongue, with metallic taste. Prescribed *Nitric acid* 6th every 2 hours. *Permanganate of Potash*; 2 grs. to 8 oz. of water. Inject 3 times per day. Cured in 4 days.

Mr. O., gonorrhœa 2 weeks. Discharge copious, with constant desire to pass water; much urethral tenesmus. Prescribed *Canth.* 6th every 2 hours; warm water injected three times per day for 3 days. Cured in 10 days.

Mr. H., gleet 10 months standing. Dull, heavy pain in right kidney; discharge slight, only of morning bowels constipated. Prescribed *Nux. v.* 30th 4 times per day. Cured in three weeks.

This has been written to show the value of individualization.

HELMINTHIASIS CARDIACA.

BY

W. P. ARMSTRONG, M. D.,

La Fayette, Ind.

CASE. Spot —, aged 2 years, a somewhat fleshy and apparently healthy spay bitch of the variety known

as "cur," on the 8th of March of the present year, came to a sudden and untimely death by a blow from a hatchet. Immediately after her decease, my friend Dr. Hull and myself, made an autopsy. Upon opening into the abdomen, we found nothing more abnormal than might have been expected in the case of a female who, early in life, had been deprived of both her ovaries. In the chest however, it was quite different. The posterior lobe of the right lung showed signs of having been inflamed, the posterior and inferior border being hepatized. In both the posterior and middle lobes were found a number of tubercles in various stages of development. The heart seemed to be in every respect normal, the muscular, structure being strong and healthy, and the valves in good shape; but on cutting into the right ventricle, we were not a little surprised to find a living worm which measured $9\frac{3}{4}$ inches in length, and of a diameter about equal to that of a small knitting needle. It was round and smooth, of a creamy white color, and tapered at both ends, one extremity being somewhat more pointed than the other. It resembled the ordinary intestinal worms with which dogs are infested, but was perhaps more slender in consequence of the less favorable conditions for maintaining an existence. How did it get there? My own theory is that it had eaten its way from the intestine into the *vena cava*, and afterwards followed the blood stream along the course of that vessel to its last habitation. Worms have been found in almost every cavity and organ of the body, but to meet with one in the ventricle is certainly a very rare occurrence.

AN IMPORTANT QUESTION.

BY

L. F. CASSEDAY, PH. D., M. D.

Stevens Point, Wis.

There seems to be a disposition on the part of many excellent men in the wake of Homœopathy to make peace on any terms with our Allopathic brethren. These men descant on the disgraceful spectacle of the noble army of the disciples of *Æsculapius* divided by "distinctive lines" of practice, and keeping up a continual and unremitting warfare, instead of dwelling together in peace and harmony.

The men who introduced the New York resolutions, and the brethren who founded the new institution at Buffalo are prominent examples of this large class. Now, in the beginning of this paper, let me assure any and all of these men that I do not wish to abuse them for their course, but I merely wish to reason over the matter a little. What do these seekers after peace and harmony expect and desire from their amalgamation process? Do they wish recognition as authorized practitioners by the American Medical Association? Do they wish to become members of the various sectional and local allopathic societies and associations, and do they hope thereby to gain prestige and practice among the people? Do they expect to become more learned and better cultivated, and better fitted for the acquisition of exact and scientific medical knowledge by basking in the scientific smiles which emanate from the effulgent countenance of a member of the A. M. A.? Can we gain anything by this union?

In the first place we certainly meet no recognition from allopathic sources, to give us a standing and character in the community? All we need, and it is a crying need to-day, is educated, energetic and cultivated men to rep-

resent our school. We want men who are and will be the peers in every particular, of any men the allopathic schools can produce. We want men (and women too, God bless them) who can tell why they believe in and practice Homœopathy, and who are always ready to take a firm, unyielding stand under any and all circumstances for Homœopathy. I am ashamed to know that there are many weak souls who are always ready to sound a retreat as soon as they catch sight of the enemy. Let us stand by our convictions, gentlemen, and if necessary fight for them. I have been a great admirer of Dr. Franklin, of Ann Arbor, ever since I learned he was a fighting Homœopath.

Those are the men we all admire and emulate, men who are positive, men who insist upon having their rights, men who, like Banquo's ghost will never down.

How was Ward's Island Hospital gained? How was Ann Arbor Hospital built? How have all the positions in public and private institutions been gained? Certainly not by a polite request of our dear (?) allopathic brethren, but by demanding and insisting upon our rights in a persistent and energetic manner.

In the second place we can gain nothing by being members of their societies. This may sound like a dogmatic and improved assertion; let us see. Their societies as a rule are large and unwieldy. The offices are monopolized by the "leading men," the thought of the body as expressed in the papers presented are controlled by the "leading men," who present them. There is no independence of thought, and if a man dares to overstep certain prescribed boundaries he is immediately pronounced a quack and expelled. Again their societies do not afford the most progressive

element in the profession, the young men, an opportunity to express an opinion. If we desire any information from allopathic sources, their journals and books are open to us, we have all the means which they possess what more can we wish. I have always subscribed for an allopathic journal, one of the kind that is dyed in the wool, so I could see how they were taking to this new heresy and how much they were stealing from it. While I am on the subject of journals I want to advise every physician to subscribe for and read the journals. I am taking eight of them, and next year I will take them all. Read and write for them it will do you good and make you a better physician. This may sound like unnecessary advice to many, but if they had been thrown in contact with some of the exponents of homœopathy, which it has been my misfortune to meet, they would hold different views on the subject, when one meets men who "don't buy books because they are out date before they are read through," and who cannot waste money on journals, he begins to think that, perhaps after all, education is a delusion and a snare.

We have our own societies and organizations; let us work in and for them, and our own cause will be advanced and our influence felt. Let everyone unite his or her influence and efforts with one or more of our organizations, and Homœopathy will make such strides that the world will be amazed. Bury petty jealousies, and personal feeling, and let us all seek to advance our common interest, the cause which we represent.

Finally we gain nothing by this union, and we can lose a great deal. What does a union mean for us? It means a loss of self-respect, and of independence of thought and action. It means a virtual acknowledgement

on our part that our therapeutical law is insufficient for our needs, and that we would become the laughing stock of the entire allopathic fraternity as a mutual insult. No, gentlemen, have done with this nonsense about union. Let every disciple of Hahnemann stand by his convictions, and keep up a continual and persistent warfare against the bigotry and prejudice of the old school. That is the only way by which we can retain our position and self-respect.

Finally such a union would be altogether undesirable as it would discourage all research and investigation in medical science. The wheels of progress would be effectually blocked and utter stagnation would be the result. A whirlwind is much better than an eternal calm. This hearty rivalry between the schools is to be encouraged, not condemned.

It sharpens our wits, gives energy to our thought, and force to our actions. It brings out the very best there is in us, therefore my word is for continued aggressive warfare.

PYLORIC CARCINOMA, WITH POST MORTEM.

M. W. BRUBAKER, M.D.,

Barry, Illinois.

In making this report of this case it is not my object to add anything of importance to the therapeutical treatment of this painful and intractable disease. My wish is briefly to review the symptoms and give the pathological condition which verified the diagnosis. This may be advantageous for two reasons. I am writing more especially for the benefit of those who are chiefly engaged in a country prac-

tice; and the first reason why the case may prove interesting to such is, the affection is seldom seen in long years of country and general practice; and second, even if suspected, it is seldom that the opportunity is given to verify the diagnosis. And this being the case, a wide diversity of opinion, much doubt and dissatisfaction are likely to prevail in the management of these diseases. The case will most likely pass in succession through the hands of several physicians of various schools, with seldom a concurrence of opinions. Just here let me remark that it is chiefly our fault that more positive knowledge is not gained by means of autopsical examinations. A vast majority of the people have a perfect horror of the idea of permitting "the doctors to cut up" their friends. If more pains were taken to explain to them the nature of the desired operation, and dispel the erroneous idea of unsightly mutilation, setting forth the vast importance of the knowledge so acquired, and acquirable only in this way, *post mortems* would be much more frequent, and incalculable benefit would be derived by the physician, and also, in consequence, by the community. In the diagnosis of pyloric carcinoma two points ought especially to be born in mind, viz.: that the disease seldom or never occurs prior to the age of forty, and its duration does not exceed three years.

Vomiting more frequently attends carcinoma of the pylorus than of any other part; and usually does not come on until some time after eating—until the food is prepared to pass out of the stomach. In the case under consideration, Mr. R., the length of illness was about nine months, age about 50 to 55. Autopsy was made about thirty hours after death. There was very

great emaciation. The operator, Dr. B. B. Lang, began with an incision along the linea alba, crossed by a transverse incision at the umbilicus, and the abdomen carefully laid open.

The omentum was entirely gone. The outer surface of the viscera rather more white and glistening than normal. The entire viscera was much adhered to the walls of the abdomen, causing considerable difficulty in detaching them. Ligatures were applied to the œsophagus and duodenum, a division made, and the stomach removed. It contained about one gallon of fœtid, dark-colored liquid. The extreme length of the stomach, when thus distended with liquid, was fourteen inches, and the width seven inches. A puncture was made, the liquid removed, and the stomach laid open. The walls were normal, except here and there small red or black spots of extravasated blood or congested points. On dissection, the pyloric orifice was found to be entirely closed by a scirrhus or cartilaginous formation of the pylorus and walls of the duodenum. The thickness of each wall, when the stricture was laid open, was nine-sixteenths of an inch. The ribs were divided with a scalpel, or cartilage knife, the sternum turned back, and the pericardium opened. It contained about one-and-a-half fluid ounces of dark-colored serous fluid. No heart trouble had been suspected during the patient's life. The heart was somewhat atrophied; length from base to apex, three and one-half inches; width at base, one and three-fourth inches. The lungs, liver, spleen, bladder, and other organs, so far as above observed, were in a healthy condition. The stomach was replaced and the abdomen closed by continuous suture. Time occupied, one hour and twenty-seven minutes. The results of the *post mortem* were very satisfactory in

clearing up all doubt as to the cause of death. As all methods of treatment failed to give but the most trivial relief, they will not be mentioned. Death resulted from the twofold cause of carcinomatous poisoning and lack of nutrition from the inability to digest and assimilate food, and to pass it from the stomach in the last stages of the disease. The case was of considerable local interest at the time, and a perusal of its history may prove interesting and instructive to the busy and oft times perplexed practitioner. Let us request more *post mortems* and avail ourselves of their invaluable lessons.

A RARE CASE IN OBSTETRICS.

A. E. PALMER, M.D.

Panama, N. Y.

At 10 o'clock, P. M., April 17th of this year, I was called to attend Mrs. A. D., who was said to be in labor. On arrival I found a pale, delicate looking woman, aged 27 years, who said that her last menstrual period began on the 17th of August, 1879, and that she was therefore about eight months advanced in pregnancy.

I also learned that one year ago she aborted at the fifth month, and consequently that this was her second pregnancy. The patient had been under the professional care of an allopathic friend of mine, and he had been giving her medicine all winter to prepare her for her confinement.

Both father and mother were very anxious that the child should be born alive, and this fact in connexion with the early commencement of labor, and the fact that I was evi-

dently not the physician of their choice, made me unusually anxious about the termination of the case.

The patient was in bed, with regular pains, but not severe, or expulsive. A digital examination revealed the following condition of things: An os well dilated and soft; membranes unruptured; either a knee or elbow presenting. I could not then determine which. I informed the patient that her labor had surely begun, and that she must prepare herself for an immediate confinement; to her mother and the husband I communicated the exact condition, and prognosticated the death of the child, as a breech delivery of an eight months' child is rather hazardous.

The next examination revealed the fact that the presenting part was a knee, and that near it was a strongly pulsating body which was the prolapsed funis. This I could not replace and I soon found in addition that a hand appeared upon the scene, and my anxiety increased accordingly. The question came up at once, "what is the position of the body of the child, and what can be done to facilitate the delivery?" The woman was lying upon her left side. Just posterior to the pubis was a hand which had been forced outside the vulva by the pains; the thumb pointed toward the mother's abdomen, and the palm toward the right side of the mother; posterior to this was the prolapsed and now pulseless cord; and still farther back in the concavity of the sacrum was one of the knees. Believing that the key to the successful termination of the case, lay in delivery by the feet, one finger was passed into the popliteal space, and the leg easily brought down, and the other immediately followed. And now, as all this had transpired almost as rapidly as I have related it, I hoped, notwithstanding the pulseless condition of the

funis, by a rapid delivery of the body and head, to terminate the labor in time to resuscitate the child.

But difficulties unexpected were encountered, and which for some reason I could not then understand. The body was slowly delivered, and that only by forcible traction, while the head seemed as immovable as though held in a vise. I soon abandoned all hope of saving the life of the child and thought only of completing the delivery. The pains were strong and frequent. I assisted them by forcible traction upon the body of the child. Attempts were made to deliver by hooking a finger into the mouth, but this proved ineffectual. The question came up, "what is the obstacle to the delivery of this head?" A careful examination was made, and high up behind the neck of the child, a hard, round body, like the head of another child was felt. It was found to be movable, and slowly advancing, and the unwelcome conviction fastened itself in mind that there was a child No. 2, and that its head was in advance of the head of the child No. 1.

And now came another anxious question, "What is to be done?" The fact that the pains were strong, and the head surely advancing led me to decide to wait awhile and see what the "powers of nature" would do in the case. In a short time the head of child No. 2 had traversed the concavity of the sacrum, had strongly distended the perineum, and was delivered posterior to the neck of child No. 1. The head of No. 1 followed at once, and without help, and then the body of No. 2. Unfortunately both were beyond resuscitation, although efforts were made to save the second child, which was the larger, and for whose death I could not account. The children, a male and female, weighed seven pounds, and were well developed. Two placentas

followed, connected at their edges by a membranous septum of about four inches in width.

I have in my library, Cazeaux' Guernsey's, Maygrier's, and Blundell's Obstetries, and only in the former can I find a description of such a case. Believing the case one such as is not often met with, even by those in the largest obstetric practice, I report it for the information of those who may have studied some author who has forgotten to describe the *modus operandi* of such a labor.

The question may arise, suppose nature inadequate to effect the delivery, "What then?" As the first fœtus, in this case, was unquestionably dead, I should have amputated the head (or body, as you please,) and thus removed the obstacle to the delivery of the second child; the head of the first child would have easily followed the head of the second.

In case the first child were living, I think an attempt to deliver the head of the second by the aid of the forceps should be made before resorting to so severe a procedure as separation of the head from the body.

Mrs. D. made a good recovery, and the "little pill" doctor made friends, I hope, notwithstanding the loss of the children.

BANDAGING THE INFANT.

As evidence in favor of dispensing with bandaging infants at birth, Dr. O. P. Langworthy, of Louisiana, writes us, that of late years he has entirely abandoned this ancient ceremony, and that in the now very large number of cases where he has not applied the bandage not one gave any subsequent trouble, so far as the condition of the umbilicus was concerned.

In one or more cases which he can recall, he is of opinion that fatal attacks of trismus nascentium were directly due to the bandaging.—*Medical and Surgical Reporter*.

HOMŒOPATHIC SOCIETY OFFICERS.

ALBANY, Feb. 12.—The State Homœopathic Medical Society has elected the following officers for the ensuing year: President, A. R. Wright, of Buffalo; Vice-Presidents, E. Hasbrouck, of Brooklyn; N. Osborn, of Buffalo; R. A. Adams, of Rochester; Recording Secretary, H. L. Waldo, of West Troy; Corresponding Secretary, A. P. Hillett, of Havana; Treasurer, E. S. Coburn, of Troy. The society recommended the following names to the Governor for nomination to the State Board of Health if one is created: Dr. Asa S. Couch, J. A. Beigler and A. R. Wright.

BOOKS RECEIVED.

The Guiding Symptoms of Our Materia Medica; by C. Hering M. D. Therapeutical Materia Medica; by H. C. Jessu, M. D.

Etude sur le traitement Homœopathique de la Constipation; par M. C. Docteur H. Bernhard, de Mons.

Curability of Cataract with Medicines; by James Compton Burnett, M. D., F. R. C. S.

The Therapeutics of Gynæcology and Obstetrics, &c; by Wm. B. Atkinson, M. D.

AMERICAN HOMŒOPATH.

A Monthly Journal of Medical, Surgical and Sanitary Science.

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless indorsed in our editorials.

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EDITORIAL.

MEDICAL EDUCATION.

In the June number of our JOURNAL we endeavored to point out, what appeared to us, the first step requisite, to bring about the much needed reform in the medical education of this country.

The medical schools are the fountain-heads, to which our young men, ambitious to become physicians, must necessarily look as the sources from which to draw the knowledge which they seek.

But if the spring from which the streams of the medical sciences are supposed to flow, are turbid at the source, then that which they send forth must necessarily be tainted.

We will then suppose that there is sufficient energy combined with disin-

terestedness in the profession, if not in the faculties of the colleges, that public medical opinion, and the demand of practicing physicians, has induced the legislature of the different States to make some such reforms, as were pointed out in the June number.

Our next step will be to examine, what material should be accepted as fit for a profession, which, if true to its calling, is paramount to the welfare of the nation. If it is true, that no one is made a poet by reading, study and cultivating the various branches of literature, it is equally true that no person ever became a good physician by simply attending medical lectures, and clinics, and studying medical books. In either case it is necessary that to some extent he must be born with faculties, which particularly fit him for his avocation. No one should therefore enter fully upon the study of medicine, unless by nature endowed with talents requisite to become a good physician.

In order properly to judge of the fitness of the young aspirant to become a medical student, we ought to carry out literally and not merely nominally the established usage, that every student before he enters college should have studied one year with some physician, who ought to be the judge whether his student should be permitted to enter a medical college, and without whose certificate no one should be allowed to matriculate; this certificate should be

required to testify to the fitness and acquirements of the applicant.

If the members of the profession will in such cases do their duty conscientiously, it will prevent many a young man from becoming a poor physician, who would probably make a good engineer or a successful mechanic, and the profession would not be over-stocked with disappointed doctors, who, too late, recognize and lament that they have made a mistake, for which they, the profession and the public, have to suffer. The next thing to be considered is the preliminary education of a candidate for admission to his medical studies.

If the present mode of teaching, of which we will speak presently, is continued, no one should be permitted to matriculate as a medical student who is not a graduate of some literary institution, which will testify to his being a fair Latin and Greek scholar in addition to his being a good English scholar, which will enable him to enter intelligently upon a profession whose text books are filled with Latin and Greek words and terms, while his scholarly education will assure him a more elevated position in and out of the profession.

It is humiliating to see graduates of some of our best medical colleges, or of any medical college, not able to translate the language of their own diplomas, or what is worse, and not very unfrequent, incapable of writing correctly an English composition or letter. A good *English education* should be an

indispensible prerequisite to entering in this country upon the rudiments of medical studies.

But even the system pursued in teaching the various branches of a medical education, seems faulty in itself, a relic of the middle ages, by no means in accord with modern progress.

Some of our best teachers in the literary institutions of the country, have frequently expressed themselves as opposed to the waste of time spent by our young men, in acquiring a knowledge of the Latin and Greek languages, only to be neglected and forgotten soon after they leave college, and have urged the substitution of the modern languages as more practical, and likely to be cultivated in after life.

But our text books following the example of the past ages, are still so studded and disfigured by Latin and Greek terms, the result of pedantry, and of no practical use, that a medical dictionary is a necessity to all but a thorough Latin and Greek scholar.

It would be a boon to the coming generation of medical students, if some one would write a few text books on the various branches taught in our medical schools, in good terse Saxon English, and thus relieve us of hearing frequently even from professors, a faulty pronunciation of Greek and Latin words and terms, and the student from the necessity of wasting his time by constantly consulting his medical dictionary.

Much valuable time would thus be

saved, which could be more advantageously spent in the study of modern languages, which would enable both student and practitioner to have access to the stores of knowledge found in the pages of French and German writers.

We hope that this may be realized very soon, and that we may find that our text books, like those of our sister professions, Theology and Law, free from this relic of barbarism, and written in unmixed good Saxon English as a vehicle to convey instruction, and thus save time and show good taste.

THE RAVAGES OF VACCINATION.

DEATH FROM VACCINATION.

Christopher McDougal, ten months old, died on Saturday at No. 720 Tenth avenue, from the effects of a recent vaccination.

ANOTHER DEATH FROM VACCINATION.

The death of the infant of George Neumann, of No. 301 East Tenth street, was reported yesterday. The child was vaccinated May 7, with virus obtained at the office of the Board of Health, and died from the effects of erysipelas in the arm. This is the fourth case of the kind that has occurred during the past week, and in each instance the vaccine matter has emanated from the Board of Health.

The Health authorities were yesterday informed that two children—Henry Mallery Johnson, of No. 15 Grove street, and Mary Ellen Hughes, of No 437 West Twenty-sixth street—had died from erysipelas resulting from vaccination.

The above are extracts from the daily papers of New York, dated respectively May 22d, 30, and 31st.

What a fearful comment on the law which makes vaccination and re-vaccination compulsory to any one who desires to attend our public schools is presented by these notices.

No explanation, no notice of an official inquiry found its way in the public journals, and hence we are justified in accepting the above statements as correct.

Is it just, is it right, that the people's children should thus be compelled to have a deadly poison introduced into their bodies, and no one be held responsible for it. Will the profession at large remain silent lookers on, and thus share to some extent the blame, which must necessarily attach to such proceeding? We hope not. The subject of vaccination, with all the benefits which it claims to bestow, and all the injuries it is asserted that it inflicts, ought long before this have been made a matter of impartial inquiry by a medical committee, composed of an equal number of its advocates and its declared opponents. A committee thus constituted is the only authority which can and will satisfy the laity. Unless such a committee takes the matter in hand and disposes of the question, we may expect that the people will do it some time or another, and decide upon the value of a practice which can be properly ascertained only by medical men.

BOOK NOTICES.

PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS. By Dr. Med. Carl Heinigke, of Leipzig. Translated from the German by Emit Tietze, M.D., of Philadelphia. Boericke & Tafel, New York, 1880.

We have already noticed this valuable work, when it first appeared in the German language, and then expressed our opinion that it is one of the best of its kind that has hitherto been published in any language. Since then we have had time to give it a more thorough examination, and have endeavored by the closest scrutiny to discover its defects. We found none, but on the contrary were forced to acknowledge that the author has admirably selected the best method to treat drugs and drug action from a homœopathic standpoint. The reader of this work will gain more practical knowledge of a given drug from its pages in the same space of time than from any other book on the same subject.

The translation, though correct, would have read more smoothly if it had been revised by an American or English scholar.

The publishers' part of the work has been executed with the usual elegance, neatness and durability which characterizes all their publications which we have seen.

To the English reading portion of our colleagues this book will be a boon to be appreciated, in proportion that it is consulted, and will save them many weary researches when in doubt of the true homœopathic remedy.

CORRESPONDENCE.

MARION, Ind., May 21, 1880.
Dr. C. E. Blumenthal, editor of
THE AMERICAN HOMŒOPATH, N. Y.:

Page 56 of Homœopath article entitled, "Cases from Practice," by Dr. Ruckert, in the note it is stated that "Dr. Ruckert is the only surviving disciple of Hahnemann who received instruction direct." Did not Dr. Hering receive instruction from Hahnemann?

I have been informed that on his graduation in an allopathic college he (Hering) was offered a prize to produce an essay upon Hahnemann's theory, which, after consultation with Hahnemann, and instruction into his theory, Dr. Hering agreed to do; but when the essay was read 'twas so disastrous to allopathy that he was compelled to leave his native land, that he went to South America, and perhaps elsewhere, at last arriving in the United States, when he began teaching his "mythical doctrine" to many, among whom was Dr. Wesselhoeft. Is this true?

An inquirer for truth,

JOHN C. NOTTINGHAM, M.D.

SOCIETY MEETINGS.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

(Reported for THE AMERICAN HOMŒOPATH.)

CINCINNATI, O., May 18th, 1880.

The Sixteenth Annual Session of the Homœopathic Medical Society of Ohio convened at the Pulte Medical College at 10½ A. M., with the President, Dr. E. P. Gaylord in the Chair. Dr. J. A. Gann, Secretary.

After the Society was called to order an address of welcome was delivered by Prof. J. D. Buck.

The President responded briefly, thanking the speaker and physicians of the city for the hearty welcome.

The President's address which followed, was characterized by studied research.

After the usual committees had been appointed the Society proceeded with its regular work.

By motion it was resolved that all physicians from other states visiting our Society be invited to partake of our deliberations.

Prof. Eaton here announced a complimentary entertainment to the members of the Society, to be held at the Highland House.

Reports from delegates from other societies were received, each indicating a healthy condition and continued prosperity.

The various Bureaus then presented their reports; the first of which was The Bureau of Gynæcology.

Prof. Eaton, Cincinnati, Chairman, presented a paper on "Dysmenorrhœa." It was illustrated by diagrams, and elicited an interesting discussion.

This closed the morning session.

At 2 P. M. the Society again met and the Bureaus of Surgery, represented by Prof. Hartshorne, of Cincinnati, with a paper on "Catheterization in Hypertrophy of the Prostate Gland;" of Physiology and Pathology—represented by M. H. Parmelee, M. D., of Toledo, with a paper on the "Physiology and Pathology of a Convulsion," and by J. A. Gann, M. D., of Wooster, subject, "The Relation of Food to Physiology and Pathology," and the Bureau of Sanitary Science, represented by E. R. Eggleston, M. D., Mt. Vernon, with a paper on "Sanitary Science and the Germ Theory," and by Prof. Owens, of Cincinnati on "House Drainage," were followed by discussions of an instructive and generally interesting character.

The Society now adjourned to meet at the Highland House, where right royally did the physicians of the Queen City entertain their invited guests.

WEDNESDAY, May 19.

MORNING SESSION.

By motion, the President's address was referred to a committee, who, in a short time reported, recommending its publication.

A telegram of greeting was received from the State Homœopathic Society of Michigan, and, by motion, hearty salutations were returned.

The Board of Censors reported, and a large number were recommended and elected to membership in the Society.

The reports of Bureaus then followed.

Of Clinical Medicine—R. B. Johnson, M. D., of Ravenna, on "Diphtheria," and H. E. Beebe, M. D., of Sidney, on "Clinical Thermometry."

The Bureau of Insanity reported as follows: R. B. Rush, M. D., of Salem, and E. C. Beckwith, M. D., of Columbus, both presented papers on "Our Asylums."

The Bureau of Obstetrics reported through Prof. Sanders of Cleveland with a paper on "Navel dressing—tying the cord." The subjects elicited quite a lengthy discussion.

A paper on "Typhoid Fever" from E. Gillard, M.D., of Sandusky, was received, but the Bureau of Clinical Medicine having closed it was referred to the Publishing Committee.

The Bureau of Ophthalmology then reported:

F. H. Schell, M.D., Cincinnati, presented the subject of "Strabismus."

W. A. Phillips, M.D., Cleveland, a paper on "Hypermetropia," and G. C. McDermott, M.D., Cincinnati, a lecture on the "Ciliary Muscles."

Then followed the Bureau of Legislation, which reported through Dr. Owens.

After discussion upon the papers last read, Dr. Owens introduced the

following resolution, which was adopted :

Resolved, That this Society respectfully request the General Assembly of the State of Ohio to pass a law establishing a State Board of Health.

The election of officers then followed, which resulted as follows :

President, H. M. Logee, M.D., Oxford ; 1st Vice-President, M. H. Parmalee, M.D., Toledo ; 2d Vice-President, G. W. Moore, M.D., Springfield ; Secretary, H. E. Beebe, M. D., Sidney ; Treasurer, J. C. Sanders, M. D., Cleveland.

Delegates were appointed to represent the Society at the World's convention and the Societies of the different States.

The various bureaus were appointed for the meeting of next year ; when, by motion, it was resolved that Toledo be the place of meeting, and the time, the second Tuesday of May, 1881.

A vote of thanks was tendered the retiring officers for services rendered, and the Pulte Medical College, and the Executive Committee for the cordial manner in which the society had been entertained. The business having been completed, the President declared the Sixteenth Session of the Homœopathic Medical Society of Ohio, by motion, adjourned.

E. P. GAYLORD, M. D., Pres.

J. A. GANN, M. D., Sec.

INDIANA INSTITUTE OF HOMŒOPATHY.

At the recent meeting of this society held in Indianapolis, the following officers were elected for the ensuing year: Dr. O. S. Runnells, President; Drs. W. Thomas, of Elkhart, and S. C. Whitney, of Laporte, Vice Presidents; B. F. French, Sec-

retary; J. R. Haynes, Treasurer; W. L. Breyfogle, Chairman of the Board of Censors. Several persons were elected members of the Society upon recommendation of the Censors.

THE WORLD'S CONVENTION.

REPORT OF COMMITTEE ON "WORLD'S HOMŒOPATHIC CONVENTION IN LONDON, IN 1881."

Presented and adopted by the British Homœopathic Congress meeting in Liverpool, September, 1877.

Your committee beg to report that they have had several meetings; and after much consideration, and in conference with the lamented President of the last Convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress:

"SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.

"1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

"2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year; the Convention itself being at liberty to elect honorary Vice-Presidents from those foreign guests and others whom it desires to honor.

"3. That the expenses of the meeting be met by subscription from Homœopathic practitioners of Great Britain; the approximate amount to be expected from each to be named as the time draws near.

"4. That the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

"6. That the Convention shall be open to all medical men qualified to practice in their own country.

"5. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Convention, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society, or other recognized representative system.

"(a) That members of the Convention, as above characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

"7. That the Committee be authorized to enter into communication with physicians at home and abroad to obtain—

"(a) A report from each country supplementary to those presented at the Convention of 1876, recounting everything of interest in connection with Homœopathy which has occurred within its sphere since the last reports were drawn up.

"(b) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the Transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

"8. That all Essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

"9. That the approved Essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

"10. That for discussion the Essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

"11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

"12. That the order of Essays be determined by the importance and interest of their subject-matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

"13. That the Chairman shall have liberty, if he sees that an Essay is being debated at such length as to threaten to exclude later subjects of importance, to close discussion.

"14. That the authors of the Essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

"15. That, as at the first Convention, the subjects of the essays and discussion shall be—

"(a) The Institutes of Homœopathy.

"(b) Materia Medica.

"(c) Practical Medicine.

"(d) Surgical Therapeutics, including diseases of the Eye and Ear.

"(e) Gynæcology."

At a subsequent meeting of the Committee, it was determined that the gathering shall be known as the "*International Homœopathic Convention*."

ABSTRACTS.

CEPA IN EAR DISEASES.

BY

ROBERT T. COOPER, M. D.,
London.

ALLIUM CEPA AND A. SATIVA.

Thanks to the untiring energies of that veteran adherent of our cause,

Constantine Hering, we have a rich collection of symptoms belonging to the Cepa, but it must grieve the old man much to find his labors so generally ignored by writers upon our Materia Medica, and to see that there is scarcely one of our practitioners that does not consider the onion a drug entirely beneath his notice, and only fit to add zest to, it may be, a nourishing beefsteak.

Some years ago Dr. Bayes prescribed Cepa for colds in the head at the London Homœopathic Hospital.

That the onion constitutes a valuable remedy when prepared in Hahnemann's method I have not the slightest doubt. If we dispense with the high dilutions of this and other remedies, we are *ipso facto* shut out from the possibility of coping successfully with a large number of affections that, without their aid, are absolutely incurable. This is the conclusion to which I have arrived after working hard prescribing for cases of that most obstinate of all affections—of all symptoms, if you like—chronic deafness; and so long as we keep thinking of the onion and of its effects as discovered at the dinner-table, and not of its action as elaborated by scientific experimentation upon the healthy, aided by proper mechanical preparation, so long will we be unable to estimate its true position amongst the substances that prove curative in disease.

Robert Boyle says, "The juice of red onions is excellent for diseases of the ears, or for deafness, in the beginning" (Shaw's edition of Boyle's Works, vol. iii. p. 640, London, 1738).

Again, at p. 643, "Out of a root of garlic choose a chive of convenient bigness, and having passed a piece of thread through one end of it, that thereby it may be pulled out at pleasure, crush it a little between the fingers, and anoint it all over with oil of

bitter almonds; put it into the cavity of the patient's ear at bed-time, and draw it out the next morning, stopping the ear afterwards with black wool; and, if need require, this is to be repeated with fresh garlic for some days successively." This was for "difficulty of hearing from a cold cause."

We could multiply instances of the onion being recommended for deafness, the *Allium Cepa* and the *Allium Sativa* being, in fact, the principal remedy—for virtually they are one—for ear diseases among our forefathers.

I had a case at a dispensary the other day that brought to mind very forcibly this action of onion, and that well exemplifies its homœopathic relationship.

It is this:—Lottie M., a girl of seventeen, who on a former occasion I had cured of deafness and otorrhœa, and whose ears therefore were what we may term "weak ears," came complaining that a few days before "*a burning aching seized her well inside the right ear after eating a bit of raw onion, which lasted ten minutes, and left a noise in the ear like the whizzing of a bullet, with an up-and-down movement in the ear and a burning in the throat, and dulness of hearing.*" Pulsatilla was prescribed and after taking it for five days a snap occurred in the ear, after which she could hear distinctly, and the noise ceased.

This shows very plainly that the onion cures by virtue of its homœopathic relationship, and that we have only to employ it in accordance with our well-established principles, and we may expect a result that will prove as pleasing to ourselves as it is gratifying to the afflicted that seek our advice.

Besides its pronounced action upon the ear, there is another extraordinary property the onion seem to

possess—namely, that of being an absorbent of septic poison; but this is a question we cannot enter upon at present. It is a property that is possessed by the onion in substance, and probably is wholly due to the physical disposition of its particles.—*Homo. World.*

NOTES BY THE WAY.

BY

DR. USSHER,

Wandsworth, England.

LIQUOR SODÆ-CHLOR.

Never can I prescribe this medicine without connecting with it the name of him who suggested the remedy to me, Dr. Robert Cooper. Some in our ranks are above using a compound remedy; but let us be understood by a clear meaning of the term, and hear what Professor S. A. Jones says in his admirable "Grounds of a Homœopath's Faith." It may seem a singular admission for an avowed homœopath to make, but I am not prepared to deny that a strict definition of the "single remedy" may not include a composite prescription under the single condition that the physiological action of the identical composite prescription be known. If the definition were to exclude composite substances, I should yearn for the much-prized Calcic Sulphide, and I know where there would be weeping and wailing for a beloved "Bromide"—ay, and more than that, the soda chlorate would be missed. To my mind it is a uterine remedy of power, singularly like *Sepia*, and for the first time I am able to verify by two cases a most important symptom. Dr. Mercy Jackson, as quoted by Dr. Hughes, describes the sensation of

the uterus being pulled back to its place, as occurring under the use of *Sepia*. My patient No. 1 gave this symptom after a few days' use of Liq. Sod. Chlor. 2x, commencing February 18th.

Mrs. H. "Backache; worse in the morning, with stunning headache, hands cold, tenderness in hypogastrium, bearing-down pains, leucorrhœa."

March 2nd.—Discharge almost ceased. Felt as if drawing the womb right up. There is also a feeling of swelling in the passage (vagina), sore and relaxed feeling. These are her own words. She also adds that all her friends tell her how improved her complexion is—a symptom again and again observed by me. The skin is cleared up. The headache of Chlor. Sod. Liq. is decidedly worse in evening, with a stunned, dazed feeling.

March 13th.—Catamenia now in excess of what they have been for a long time. Pathogenetic action. Omit the medicine.

No. 2 is a very weak woman. In times bygone the Liq. Sod. Chlor. in Dr. Cooper's prescription seemed too much for her. But in the present instance I gave the 2x instead of small doses of the crude, and with much improvement; leucorrhœa at once lessened.

"She felt the womb pulled up," and suggested whether her improved condition was not due to pregnancy, which I negatived, as she had arrived at that conclusion too quickly. She now has backache night and day, especially at the bottom of back. Headache night and morning, and to-day (March 12th) nearly all day; sick feeling, sinking and itching of pudenda, restlessness at night, a great deal of wind, and not quite so much discharge.

DRUG MISCHIEF.

A gentleman just recovering from

pseudo-apoplectic attacks, the sequel of brain-softening—the result of “vigorous physic.” His attack began with apoplexy, due, I believe, to excessive doses, long and large, of Quinine, the same of Strychnine 1-200; both of which medicines, by increase of brain circulation, precipitated the result. He has had many attacks, with a resulting and increasing loss of memory, loss of power, has to support the right hand with the left when moving it, squint converging after fit, swollen tongue, impressed with teeth, foam out of mouth, right side, stertorous breathing, dark face and blue lips, heat of head to the hand, jerking pulse, puts out his tongue only on your imitation. From all these attacks, more or less severe, he has recovered by the use of Acon. 1x. Then the power over the tongue returns, but is manifestly lessened elsewhere; sometimes in bladder and rectum. Phosph. 3x has, after two or three days’ use, brought about the same condition of pulse, but relieved greatly the weakening heart; however, he would go and see the “Professors,” and they professed him into his present state, and told him he would recover. I tell them no medicine can help him to recover, for physic has done its worst for him. These great Professors ought to keep to strong young men whose brains are in a condition to resist their destroying physic. They mix physic as they would their punch, making it at the request of the patient a little stronger. Archbishop Whately asked that “if in his extremity, utterance was denied him, to send for a homœopath, for may I be ever saved from what has slain my patients.” Professor Jones, in his work quoted already, knows of one who admitted three deaths due to Bromism. How many more might he add? ay, and dozens to Nux tinct. Strychnine, Salicylic Acid, and Belladonna tinct.

One young man came under my observation who had taken in about eleven days more than two drachms of Iod. Potass. He had an abscess of the neck, made tedious in its cure by the Hepar that antidoted it. So much for writing prescriptions, and leaving others to add them up. The explanation is in proving of Kali Iod. (Hering’s Condensed Mat. Med.)

BEER DYSPEPSIA.

Those who drink much beer and much physic want very strong doses. One individual whose case was strongly indicative of Nux had grain doses of 1x. He was a little improved then. I gave double dose and he got better, but when the dose was made 3 grains 1x every day before dinner he was well presto—’tis curious, but ’tis true! Your correspondent about rheumatic fever is, I believe, quite right about large doses of Bryonia tinct. I have given five or six with benefit, far more benefit than the 3x. Baehr, I find, says the same. So there are exceptions to some doses, and I think I have made a new acquaintance with Aconite since I used 1x. Lycop. 200 gave me a never-to-be-forgotten help with an apparently dying child. Bronchitis, and such a bout, after measles, both lungs rattling up and down like bags of gruel; fearful working of the *alæ nasi*. That proved the key, and before I gave the Lyc. the poor child was drenched with perspiration, specially on the neck, wheezing loud. Sambucus 12 in globules (twenty years old) promptly checked it. Sepia high, very high, did most profoundly help a patient with cerebral paresis, and I had nearly omitted to state that after the signal service Lycop. 200 gave me the same little maid was perfected in her recovery by Iod.-Arsen. 12, globules. Digitaline 6x is doing a great deal by steady use for the “Heart and its

'Troubles,' aided of course by Phosphorus. *Ibid.*

SEA-SALT IN PULMONARY CONSUMPTION.

M. Amede Latour was first induced to give a trial of this remedy in phthisis from its reported efficacy in preventing or curing pulmonary complaints among the lower animals. A great mortality prevails among the apes and monkeys confined in menageries, chiefly from pulmonary complaints, and the proprietor of a menagerie found that by the free use of sea-salt he was enabled to preserve these animals in health for seven or eight years, and even after a cough had manifested itself the administration of the salt was followed by a rapid cure.

M. Latour relates three cases in the human subject in which the administration of the salt appears to have been followed by the happiest results. In one of the cases the disease had gone so far that there was distinct cavernous rattle, with pectoriloquy, muco-purulent and purulent expectoration streaked with blood, great emaciation, hectic fever, etc., and yet the patient made a perfect recovery at the end of a few months, the sea-salt having been given uninterruptedly for sixty days.

M. Latour directs a particular regimen to be followed during the treatment. The aliment should consist almost exclusively of beef or mutton, grilled or roasted, of good rich soups, or animal jellies. The patient should partake of these in small quantities at a time, but often, and should drink a little good old wine diluted with water. Every fine day, when the sun shines, and during its warmest period, the patient should take gentle exercise in

the open air; and his chamber should be well aired twice or thrice a day. Flannel is recommended to be worn next the skin.

The mode of administration of the salt is as follows: half a drachm to a drachm of the chloride of sodium is administered daily, either in a glass of beef tea, or in some pectoral infusion; or if this should excite cough, it may be given in divided doses, made up into bread pills, drinking a little beef tea afterwards. It is best to commence with small doses, as the sudden introduction into the system of such a powerful stimulant is apt to be followed by congestion of blood in the digestive organs or lungs. A few cresses are recommended to be eaten once or twice every week, after having been well sprinkled with common salt, but no vinegar or oil is allowed with them. To relieve the pain in the chest, and the burning sensation of which the patient complains, instead of the usual pectoral drinks he prescribes the following. Carrots are to be well boiled in a moderate quantity of water; they are then to be well beaten and passed through a sieve. The fluid which passes through is then mixed with fresh milk, sweetened with a small quantity of sugar, and flavored with orange peel. This compound the patient drinks at his own discretion. In general some thirst is at first caused by the administration of the sea-salt, and for this M. Latour directs a weak infusion of gentian, flavored with orange peel.

[May not this be confirmed by the circumstance that few cases of consumption occur in Egypt, and it is said that among the Arabs scarcely a case of the kind has been known, chiefly, it is supposed, from the atmosphere being saturated with saline vapor? It is said that "about Alexandria the saline vapor condenses on the walls of houses in small crystals

of nitre, common salt, and muriate of ammonia." The soil is everywhere coated with these saline particles, and consumption is almost a stranger in the land. The same may be said of our Channel Islands—Guernsey, Jersey, Alderney, etc. There, too, consumption is comparatively rare.—*Braithwaite's Retrospect of Medicine.*

A CASE OF SPINAL IRRITATION CURED WITH PHOSPHATE OF STRYCHNIA.

BY

F. G. STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.
Nottingham, England.

The very mention of the term "spinal irritation" will at once suggest intractability in treatment to the minds of those who have had any experience of this form of disease. Cases of this description are always lingering, wearisome to deal with, and bring little *kudos* to the physician.

The following may be considered a typical example of what is called, for want of a better name, "Spinal Irritation":

Jan. 3rd, 1880. Miss —, ætat. twenty-four. Has been complaining of aching and weakness in the spine for the last four months. During that time has been under homœopathic treatment, but with no appreciable benefit, and has been compelled to lie on a couch during the day, because walking, or even standing, aggravates the spinal pain so much. On examining the spine it was found to be perfectly straight and free from curvature, but there was tenderness on pressure and percussion over the spinous processes of two of the middle dorsal vertebræ. The pain is sometimes burning in character, but

chiefly aching, extending frequently to the front of the chest, causing a feeling of uneasiness and nausea.

The catamenial flow is regular, and lasts five days, the discharge being dark and often clotted. Leucorrhœa generally present in the intervals.

The digestive organs are but little affected; some flatulent distension after food sometimes occurs, the tongue being moderately clean. The bowels are regular, but the patient has suffered from external hæmorrhoids almost from a child. The hæmorrhoids do not bleed, nor cause any pain. Sleeps very badly, and has difficulty in getting to sleep. Suffers from cold feet, which are often covered with clammy perspiration, and also perspires in the hands and axillæ. This was the condition of the patient when I first saw her, and she continued to suffer, in a greater or lesser degree, from the above symptoms for two months whilst under my care. During this time she took *Actæa rac.*, *Agaric.*, *Arsen.*, *Gelsem.*, *Ignatia*, *Nuxvom.*, *Sepia*, *Sulphur*, *Lachesis*. Some mild hydropathic treatment was also recommended in the shape of spinal washes and sitz-baths, but, it being winter time, and the patient evincing so little reactive power, this part of the curative treatment was postponed. As the result has proved, it was a postponement *sine die*. To enumerate all the medicines the patient took during the four months before she came into my hands would be but to specify a goodly proportion of our *Materia Medica*. All treatment having hitherto proved unavailing, the mother began to despair of her daughter's restoration to health, and the daughter herself began to weary of taking medicine. At this crisis I drew a bow at a venture, and prescribed *Strych.-Phos.* 3x trit., a dose to be taken twice a day. This double-headed arrow (if I may so term it) fortunately hit the

mark. Improvement began to show itself in the ability of the patient to walk with less pain, and, after steadily taking this medicine for five weeks, she could go up and down stairs, and take short walks out of doors with comparative ease. For six months the patient had been unable to even walk across the room without increase of pain in the spine. With this accession of locomotory power the pain in the spine diminished, as did the other symptoms, with the exception of the hæmorrhoids. These, however, were of long standing, and were present before the symptoms of "Spinal Irritation" set in. The last report I had of my patient was that she continued in good health.

I would, in conclusion, suggest that the Phosphate of Strychnia should be tried in other cases of spinal irritation that may come under the care of my *confreres*, and the results chronicled. *World*.

EPULIS.

Mrs. E. G., æt. 30. Has an epulis about the size of a large pea behind the upper middle incisors. This commenced about eighteen months ago, and has slowly increased to its present size. It is rather soft, and painless.

August 16th, 1879.—*Calc.-C.* 30 t. d.

September 2d.—The tumor has diminished to the size of an ordinary pilule.

The *Calcaria* was continued till September 16th, when the tumor had quite disappeared. *Ibid*.

ANTIDOTE TO THE IMMEDIATE ILL EFFECTS OF TOBACCO SMOKING.

Chemical research has recently brought to light the explanation of the effectiveness of Acid Phosphate in neutralizing the immediate ill consequences of the use of tobacco. It is well known that to most persons smoking beyond very moderate indul-

gence induces wakefulness or disturbed sleep, or depression of spirits. The counteracting effect of acid phosphate is also well known. The explanation is simple. It lies in the combination with and neutralization of the nicotine from the tobacco smoke, which lingers in membranes lining the mouth. It is here as the late Dr. Edward Clark pointed out, that the immediate nervous effects of the tobacco are felt. The nerves that are distributed over the interior walls of the mouth receive and transmit the narcotic and other effects of the nicotine to the nervous centres—the brain and spinal marrow. If the smoking be at intervals and moderate the sedative effects alone will be observed, and may not be injurious in most cases, but continuous smoking for long times is unquestionably harmful and may produce lasting ill effects. Dr. Clark ascribed it primarily to the absorption of the alkaloids through the membranous lining of the mouth and their action on the nerves. The neutralization of the alkaloids arrests their action. When insomnia is feared, the mere rinsing of the mouth with the diluted acid phosphate, will prevent it, as well as at once clear the brain from any depressing effects of the smoking.

PROF. E. N. HORSFORD.

"The value of Lactopeptine in many forms of indigestion cannot fail to be recognized by every prescriber as soon as the formula for its composition is seen. The proportions in which the active principles are combined are those required for the healthy digestion of the various food matters found in a mixed diet. I consider it, therefore, as perfect a 'digestive' as can be obtained."

G. OVEREND DREWRY, M.D.

London, England.

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CHOREA AND ITS DIFFERENT
FORMS, WITH A NARRATIVE OF
CASE.

BY

GERTRUDE A. GOEWEY, M.D.,

Brooklyn, N. Y.

Alfred H., seven years of age, had been treated by an allopathic physician for three months, taking Cod-liver Oil, and Fowler's Solution, etc. At this time his parents came to board in the family where I resided, and the child was placed under my care.

He had fair complexion, blue eyes, light hair, unusually tall and delicate for a child of his age; this he partially inherited on the part of his father. Had never been very strong and less so since having diphtheria.

I noticed at once that he had an abnormal appetite, eating voraciously, and hastily, as much as two children ought to eat. We more oftener see

anorexia present in patients afflicted with chorea than the desire for food, and consequently the patient presents an anæmic appearance.

The jactitations were principally confined to the muscles of face and eyelids, left arm and side. Worse during and after meals.

He was extremely restless, constantly wandering from one place to another. Dull of comprehension, seemed stupid, difficult to make him understand and reply to questions. At times his face presented an idiotic expression, would have spells of laughing, which evidently he could not control.

This I attributed in part to the length of time he had been afflicted. He had also contracted the habit of playing with his genital organs. I regulated his diet, allowing him to eat but a certain quantity of food at each meal, and only such food as I thought his system required. Gastric symptoms are most always present in chorea, and I think a physician's duty

is to prescribe the diet as well as the medicine.

I gave *Hyosciamus* third—four doses per day. It seemed more clearly indicated to me than other remedy, although I expected to have to give *Agaricus muscarius* before the cure would be completed. For the first ten days there was no very perceptible improvement; but I did not change the remedy. After that he commenced improving, and at the end of six weeks I discontinued the medicine.

Five months have elapsed and there has been not the slightest return of the jactitations, and I consider the cure completed. His general health is greatly improved.

Sydenham first distinctly described the disease, and gives a very graphic and excellent account of it. Bellingham gave it the name of "insanity of the muscles." Bouilland called it "*folie musculaire*."

The symptoms present a variety of aspects according to the number of muscles affected. All the muscles of organic life may be implicated, except the inferior sphincters.

In chorea magna (*chorea Germanorum*) the spasmodic movements are found to be confined to a certain group of muscles, and are paroxysmal in character, preceded by prodromata in the majority of instances, affecting the motor and sensory systems and the physical functions. The irritation seems to be confined to certain centres of co-ordination. The conductors of transmission are centrifugal in character and connect the cells of the cerebral cortex with the motor apparatus. We may find in severe cases ecstasy accompanying the paroxysms, also anæsthesia and analgesia, paresis, cataleptic or tetanic spasms.

In other cases the psychical faculties

are not involved to such a great extent. The special senses are affected, and a loss of consciousness may exist. Lienesdorf has recently called attention to the feelings of dread, the hallucinations of the senses and especially of sight, which occur in certain choreics; the intellectual powers and memory weakened in some cases.

J. Frank Romberg, Hasse, Shoda observed mental disturbances in the course of chorea minor. An extraordinary amount of nervous force is expended during these jactitations which a person would be incapable of performing in a normal condition. By studying the etiology of chorea magna we are justified in saying that it is closely allied to hysteria. Choreic patients usually possess the neurotic temperament and inherit a predisposition to irritability of the co-ordinating apparatus.

This inherent diathesis is not always manifested by chorea, but may develop in some other nervous affection. According to Day the gross anatomical lesions found in chorea magna were venous hyperæmia of the brain and cord, meningeal hemorrhages, inflammatory thickenings of the spinal nerves. Vecchietto found softening of the cord. These data throw no light, however, upon the nature of the disease. Very seldom does chorea magna terminate in insanity or epilepsy.

Chorea minor (*chorea Anglorum*) has long been recognized. May be idiopathic, secondary, symptomatic or of a reflex character. From clinical and anatomical observations the predominant factor in the symptomatology of chorea is the inco-ordination of movements. Both the cerebral and spinal portions of the co-ordinating apparatus is affected in chorea minor. The motor cranial nerves are irritated, and we see it manifested in

the speech, and ideas are disturbed, also the psychical affections. The muscular contractions and movements are more or less continuous without much disturbances of consciousness, while in chorea magna they are paroxysmal, and the attacks may occur at night without any definite type.

In chorea minor the patient is usually quiet at night. Spasmodic dilatation of the pupils has been observed in some severe cases, due to irritation of the cilio-spinal centre. Age and sex must be considered in the predisposing causes. The disease is not limited to childhood but more commonly seen between the ages of seven and sixteen.

More liable to affect the female sex, yet according to the tabular statement of Dr. Hughes, both sexes are equally liable before the age of nine.

It is characteristic of choreic patients that the jactitations are to be observed more on one side of the body, and vary in intensity and character according to the number of muscles which are the seat of the involuntary movements. They usually begin unilateral and afterwards may become bilateral. Among one hundred and fifty-four cases by See (*Mem. de l'Acad. de Med.*, 1850, t. xv., p. 373,) chorea occurred ninety-seven times upon the left side, either exclusively or predominantly.

This is an important point in the pathology of chorea, and shows that the same lesions are present in chorea as we find in hemiplegia and in epileptic hemipasm. The same muscles are found to be involved in hemichorea as in hemipasm.

Chorea bears a close relationship to rheumatism, but, pathologically considered, cardiac complications are even more remarkable than the rheumatism.

Dr. Kirkes first pointed out the analogy between choreic symptoms and endocardial affections, and his conclusion derived from his experience was that chorea was connected with valvular disease of the left chambers of the heart, associated with rheumatism or depending upon it. Cardiac bruits were also noticed by Addison, and at a later period by Todd.

We often find cardiac murmurs arising from anæmia, impoverishment of the blood, and not from the structure of the heart at all.

If the murmur arises from anæmia then the systolic bruit will be more plainly heard at the base of the heart, the same as when the valves of the aorta are diseased. But where a patient is suffering from chorea, and the cardiac murmur is present, then we will find the systolic murmur over the apex of the heart and under the left scapula.

We also find the mitral valves affected. Vegetations or granules of fibrin will be found deposited upon these valves, and being soft and tender are removed and carried into the circulation, and it is believed they may find their way into the microscopic arteries of the brain mass and produce lesions in that way, or break down the integrity of the structure through which they pass.

The brain is consequently not nourished sufficiently, and where eccentric influences are brought to bear upon the individual as fright, mental emotions, periods of dentition and the approach of puberty, all of which are predisposing causes to the disease, the person is more liable to be affected by this terrible malady.

It seems very plausible that chorea is more often the result of cardiac disease, produced by the minute injection of this molecular fibrin into

the cerebral arteries and thereby cause lesions, which interfere with the organs that preside over volition.

Hughes and Trousseau found these vegetations upon the valves of the heart in *post mortem* after scarlatina. Trousseau says one-third of the cases of scarlatina have been subject to articular rheumatism in a light form, and endocarditis and pericarditis are often present as complications.

Todd, Smith, Beale say the urine shows characteristics of rheumatic diathesis containing urea urate and oxalate of lime. Rogers says chorea makes its appearance in the decline of articular rheumatism. From the observations made at Prague by Steiner (Prag. Vjschr., Bd. III., 1868,) this pathological relation does not possess an absolute value, since among two hundred and fifty-two cases of chorea, only four appeared during the course of acute articular rheumatism.

Romberg and Grisolle considered rheumatism and cardiac affection as mere accidental complications of chorea, but from an analysis of three hundred and nine cases observed by Hughes and demonstrated by Watson, and thirty-six by Kirkes, that in twelve fatal cases the heart was found diseased ten times, and that among one hundred and four carefully-observed cases only fifteen were free from cardiac bruits or rheumatism.

In the diagnosis we must endeavor to determine whether the disease is idiopathic, symptomatic or reflex in character. In articular rheumatism, endocardial or pericardial affections, and chorea is present, in all probability it may be of reflex origin, depending upon uterine disease, constitutional debility, chlorosis, anæmia, or the functions of puberty may be disturbed.

By close observation we will be able to make the distinction in the

majority of cases. We will find in fatal cases that more or less all the muscles have been affected, patients dying from marasmus or inflammatory diseases. Intercurrent diseases (acute exanthemata) will arrest the progress of recent cases. Chorea is chronic in its nature, lasting from six weeks to as many months, or even years. Where it persists in its course, lasting for years, it is no doubt depending upon organic lesions of the brain.

Mental shocks (such as fright) may give rise to chorea, or epilepsy, and then in advanced life terminate in paralysis agitans.

Paralysis agitans is a disease more particularly confined to old people, often ending in true paralysis. The tremor usually begins in small groups of muscles. The flexor and extensor muscles are implicated, as seen by the movements of pronation and supination.

These movements cease during sleep, but in advanced cases they have been observed during sleep. As a pathognomonic sign, there is a tendency to run or fall backward and forwards. This feature was noticed by Savage and Sayer. Persons rarely recover from paralysis agitans, and relapses are frequent. The anatomical lesions produced by this disease are unknown.

Patients often die from pulmonary hypostasis or œdema, and a condition of marasmus followed by sopor and delirium.

Paralysis agitans is often confounded with other tremors. In alcoholic tremor there the patient is pursued by imaginary visions, especially small animals, and demons of every form. Facial spasms or convulsive tic the spasms are symmetrical and paroxysmal, confined to certain muscles, and frequently of

reflex nature. May result from irritation of the trigeminus, dental caries, from inflammation of the eyeball, lids and conjunctiva.

May be secondary to intestinal irritation (worms) and uterine disease. If depending upon central affections, then we find the mental faculties and special senses affected. So each disease mentioned has some peculiar feature to distinguish it from another, which will aid us in the diagnosis. The prognosis of chorea is favorable in most instances. By employing the proper remedies the lost nervous energy may be restored and the patient's health regained.

The worst case of chorea I ever saw was a girl of twelve years of age. The muscular movements became so violent that she had to be tied in bed and watched day and night for fear of injuring herself. The movements did not cease during sleep; she would roll from side to side and bounce up against the wall, make all manners of fantastic gestures. Had to be fed, and sometimes the choreic movements were so violent that it was impossible for her to masticate her food. When the function of menstruation was established she recovered her health two years from the date of the attack.

She is now married, and a more amiable, self-possessed and gentle woman I never saw. I have never seen her excited in the least, for I meet her very often, and she has passed through severe trials and afflictions. So we see that even the worst form of chorea may be cured by judicious treatment and strict attention paid to the laws of life and health.

MEDICAL SPRINGS.—Dr. Greubler, of Westphalia, homœopathist, gives

the waters of Vichy, which have an irregular and intermittent action, preceded by a subterranean noise, followed by a violent eruption of mud, water, and gas, strongly impregnated with the hydro-sulphurous odor, in cases accompanied by flatulence and more or less violent explosions of gas and scybala.

PHLEGMASIA DOLENS.

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New York City

A few months since I had a case of threatened, or rather incipient phlegmasia dolens, where the puerperal bandage seemed to be the cause, and its removal, the cure. Mrs. B. was confined by me Dec. 5th, 1879. This, her second labor, was uneventful in every particular. Three days later she complained of some pain and uneasiness in and about her left hip. Next day the pain was localized along the femoral vein of that side. The course of the vein could be easily traced by its sensitiveness to palpation. To perfectly conduct my examination I had, in great part, removed her bandage, which made her more comfortable. After that she was free from pain, unless it was caused by the touch and pressure of my fingers. Paying no heed to this, however, as I should have done, I replaced the binder. Soon her father—an old-school Jersey City physician of 30 year's practice—called to see his new grand-daughter, and, very naturally, Mrs. B. complained to him of her femoral pain. He carefully examined her and straightway called at my of-

fice to request that I should give his daughter careful attention for he believed she already had phlegmasia alba dolens. At my next visit found pain increasing, slight swelling and general constitutional disturbance. At once I removed binder and directed the nurse to very gently, but continually, for a long time, rub the leg from knee to crest of ilium. She also had Pulsatilla *m.*, as she had a few symptoms calling for it. Recovery was immediate and complete. There is no doubt whatever in my mind but that the bandage in this case was the exciting or immediate cause, and that its timely removal was, in great part, the cure. But, while I freely admit this, I by no means disapprove its general use nor go to the other extreme and abolish its application in all cases. My patient should have been relieved from her bandage sooner and would have been, as I advised, but for her early prejudice. Three days is the limit for wearing the puerperal bandage. I cannot conceive a case where its longer continuance is advantageous. If worn when of no longer value it is pretty sure to be a useless or even dangerous burden.

I have long been, and still am, a strong advocate for the proper application of a proper bandage, *i e.*, according to my notion, a perfectly straight, wide piece of muslin pinned from middle of femur to a point slightly above the crest of ilium. Let no one, therefore, for a moment, think that through the above admission he has found argument for the total abolition of the binder. Any one who will practice for a little time its abolition with a simple, unprejudiced purpose of learning which is the better way, will soon find, I believe, as I have done, that not unfrequently a case will come where it would have

been better had the wide binder been applied. I have referred to friction as a means of cure. This should only be practised in the early stage before there is much distension of lymph channels and before there are blood and lymph coagulæ. When practical, friction should be with the hand upon bare surfaces and in the most gentle and persistent manner. The greatest virtue of the practice consists in its long continuance. After the rubbing is completed, the leg should be carefully wrapped in warm flannel, or better still, cotton batting. The limb should also be somewhat elevated; for, by diminishing the arterial pressure we, in turn, diminish the venous effort. I do not wish to be understood as relying overmuch upon these adjuvants as a means of cure. They are serviceable in the first or early stage of the disease. After that the case becomes purely medicinal. With appropriate medication and good management the careful, watchful prescriber will cure many cases in the first stage. The trouble comes when phlegmasia is one of the complications of puerperal fever or puerperal anæmia. Such cases will try the skill and patience of the best homœopathicians.

PLACENTA PREVIA-DROPSY OF AMNION, AND CRANIAL DEFORMITY.

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Lafayette, Indiana.

May 14th, 1880, at 11:30 P. M., called to attend Mrs. G., aged 20, in labor with her second child. The abdomen was unusually large, although she had only arrived at the

end of the seventh month of gestation. The pains were good and evidently expulsive in character. Upon vaginal examination the os was found fully dilated, yet no progress was being made towards delivery, the placenta lying directly across the opening and obstructing the passage. The patient had already lost some blood, and was still bleeding. Introducing the finger between the placenta and the anterior wall of the uterus in the absence of a pain, I soon found the anterior border of the placenta, and at the beginning of the next pain, ruptured the membranes. The amount of liquid which came away during that and the succeeding pains, and in the intervals, was astonishing. Even after the discharge had already been so great that it had begun to seem as if there could be nothing left, the water still continued to flow, seeing which, I called for a tin vessel and in this caught, in all, nearly a gallon during the subsequent uterine contractions. At the very least there must have been three gallons altogether, and I think much more.

During this time I was pressing the placenta towards the sacrum, so as to permit the presenting part to pass. The first object that presented itself was of a soft and roundish mass that felt like a portion of the placenta. Next came the head, which was quite firm, but so small as to be of but little use as a dilator. Passing my finger beyond this, the shoulders, broad and well developed, were distinctly felt, making their own way with each successive pain. The labor was soon over and the woman delivered of a female child of about $3\frac{1}{2}$ pounds weight. Everything seemed to be natural about it with the exception of the head, which was slightly flattened from above downwards, and scarcely two inches

in diameter. Both fontanelles were present, but smaller than usual, while nearly the whole of the occipital bone was wanting, down as far as the foramen magnum, the opening being separated from the posterior fontanelle by a firm, hard, and smoothly rounded arch of bone. Almost the entire brain, enclosed within the archnoid membrane, was outside of and behind the cranial cavity, and formed the soft and rounded protuberance before mentioned as first presenting.

The child showed no signs of life, with the exception of an occasional feeble cardiac pulsation, which soon ceased. With the consent of the parents, I now have it preserved as a valuable specimen. The mother is doing well.

To meet with a case of dropsy of the amnion, or of placenta previa, is not strange nor very rare, while cranial deformities are perhaps less frequently seen, but to have all these in a single case, seems to me somewhat remarkable.

TRANSMITTED MOTION AS A REMEDY.

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All questions of health relate to the development and uses of the energy of living beings, however manifested. The value of life to its possessor is evidently in proportion to his control of energy—to the application of the surplus over strictly organic requirements to beneficent ends. This would secure absence of pain and the enjoyment of a maximum of power. Medical science and practice exist for the purpose of aiding such development

and control of energy, through the proper vital instruments for its expression, the muscles and nerves. Remedies are the means found useful by experience for general and local control of energy, but are in no sense in themselves sources of power. The true hope of the physician, therefore, lies in modifying the circumstances, internal and external, under which energy is developed. A rigid examination of the conditions favorable to vital power shows these to be largely of a physical nature, so largely, indeed, as to render physical sources of energy both indispensable and controlling in the vital economy.

Such considerations lead to inquiries as to effects on the vital organism of the direct application of energy in the form of motion; whether functional activity may be reinforced and perfected thereby; under what circumstances, and to what extent; also, how far the consequences of functional failure, past and present, usually described as disease, may be corrected by this means alone. It will be observed, that the proposed therapeutic recourse differs from ordinary remedies in its essential independence of vitality as the initial source of help, on which other remedies of all kinds so very much depend.

The statements following are chiefly those of mechanical physiology, and are generally accepted in modern science. With these I may join facts derived from experience, arising from peculiar opportunities, facts hardly accessible to those whose experience is limited by the ordinary practice of medicine.

WHAT TRANSMITTED MOTION IS.

Transmitted motion is that communicated to the body or its parts through contact with some object in motion; this may be some instrument

or machine, or the hand of another person—in either case, designed and adapted to produce certain effects by motion transmitted.

On account of the rapid exhaustion of the energy which any individual, however strong, is capable of exerting, those effects, producible by the hand of an operator, will not, for the present, be considered; attention being called only to those proceeding from more abundant and unfailing physical sources, as machines and instruments specially adapted by their construction to transmit power to the living organism.

The form of motion, capable of remedial effects, is that which in some way influences the ultimate constituent elements of matter, so as to change their destiny at will in some chosen direction. This power is necessarily vibrating or reciprocating; no other power is really communicable to the organism. Motion thus communicated is propagated in rapidly succeeding waves (1,000 or more per minute) through the substance of the body—its fluid, semi-fluid and solid constituents; the force, as motion, gradually diminishing as the distance from the point of its introduction increases.

In the manner of transmission there may be considerable variety. The waves may be sent perpendicularly from the surface, or parallel with it: transversely or diagonally, with or without compression of the parts submitted to the action: the locality, direction, order, etc., securing variety of effects, from which the prescribing physician may select, according to the special indications of the case.

WHAT BECOMES OF THE ENERGY IMPARTED TO THE BODY IN THE FORM OF MOTION.

The amount of energy thus trans-

missible to the living body is evidently measurable, that is, it may be stated in some better known equivalents to facilitate comprehension of its amount; as we speak of steam engines as equivalent to certain horse power, and of horse power, as foot pounds.

This illustrates the positive nature of what is transmitted. A man may exert the whole power of his muscles in moving a weight; he may do the same, and in place of antagonizing gravitation, may cause transposition, in a variety of ways, of the interior, invisible constituents of the organism of another person. An instrument conveying energy from some unlimited source may evidently do the same thing. In each case there is an equivalence of cause and effect; the latter, in the aggregate, is absolutely equal to the former. In the process, the casual energy has come to assume other forms—has taken new affiliations with matter. Thus, motion, introduced in the reciprocating form, will, in part, assume the direct form, as a pump sends a stream; in part, it appears as heat, as friction may produce ignition; while still another portion is spent in causing transposition of constituent atoms, or chemical effects; as sudden impact may produce explosion of some mixtures, while stirring will cause precipitation in others—evidences of chemical effects of motion, that is, motion transformed to chemical affinity.

That force or energy, under the circumstances stated, is not lost, or in any degree diminished, is the dictate of modern science. Force is never lost; it only changes its form by change of circumstances: its elusiveness is evidence of change, not loss. We may still trace energy imparted, as above stated, through numerous phases and fields of action; we may

even detect it in the performance of most necessary physiological work, without which the powers manifested by the vital system are utterly impossible. In so far as we shall find energy, force, or power, thus transmitted, to supplement those deficiencies of organized energy which we characterize as disease, it falls into the category of remedies, and we are compelled to regard it as remedial. Beginning with effects purely physical, we may easily trace a portion of these equivalents of motion up to the very threshold of vitality.

DISPLACEMENT.

The bulk of the vital system consists of fluid; blood inside the circulatory vessels, and interstitial fluid exterior to the vessels. This mass of watery fluid, though pervading and pervaded by vitality, is non-vital, at least so far as to be strictly amenable to physical control. The blood transports nutrition; the interstitial fluids carry nutritive matter, and participate in nutritive actions and changes.

An impinging force displaces fluids; those contained in canals and conduits, as blood vessels, are urged forward in the direction allowed by their valves. Every repetition of the impinging force increases the effect. Mechanical obstacles, if such exist in the blood vessels, are necessarily removed, broken up, or urged out of the way; the outflow of blood, both to and from the nutritive capillaries, is perfected. This effort is soon indicated in the quality of the organic effort directed to the same end; the pulse becomes slower and fuller. The motions of the nutritive fluid are entirely obedient to the same control. Increased nutrition of tissues, superinduced by the fresh supplies of blood, laden with oxygen, causes motion of

the fluids in the direction of the scene of activity; while the onflowing venous currents recall mechanically, within the walls of the veins, such spent matters as are destined to be excluded. Hence, the mechanism of the circulation of the blood and interstitial fluids is, by exterior motion, set and kept in action in all the minute details necessary to nutrition and the support of vitality, but without the least vital expenditure; and, although entirely in harmony with the ordinary causes, yet quite independent of them. An auxiliary cause has practically come in to carry forward defective action to the perfected stage.

It will be apparent that the effects just described are no other, in kind and degree, than those occurring in health, when the ordinary and spontaneous action of the muscles secures the same effects. The contracting muscles press upon both the blood in its channels and the interstitial nutritive fluids, and produce the same effect as may be produced by mechanical impingement of exterior force, contributed by some instrument adapted to this purpose. The fluids which enter into the composition of the body have not the least power of self motion, but depend on impulses generated within or received from without the system for whatever change or place they suffer. The physiological consequences are quite the same, from whatever source the power which produces them may be derived.

FRICITION-HEAT-CHEMICAL CHANGE.

Fluids in motion, especially those whose fluidity is imperfect, and motion of fluids in contact with solids, causes heat; or, to speak in the language of science, converts motion into heat. Rumford experimentally caused water to boil in boring submerged cannon,

and thus were obtained data for finding the equivalents of the forms of energy. The facility of the change of motion to heat appears to be in the ratio of adhesiveness or friction.

The physical nature of the components of the human body, soft, semi-fluid, adhesive, and moderate pressure, conjoin to favor the transformation of motion to heat. When, therefore, reciprocating or vibrating motion is transmitted through sections of the living body, the temperature of the whole, beginning with the part submitted to action, quickly rises. The circulation of the blood appears to diffuse the increased temperature throughout the body, and increased transpiration soon gives evidence that a surplus is being produced, and is disposed of through the whole surface.

All organized beings are developed only at fixed temperatures, and the progressive development depends on the maintenance of such temperature. The fact that heat promoting remedies are favorites with physicians of all classes, is strong evidence of the importance attached by them to the heat making function.

The heat of living beings comes from two sources. One source is the motion pervading all living parts, which, whether derived from vital or extra vital sources, is in part transformed to heat. Another is the heat set at liberty by the abundant chemical change that is the concomitant of all life. These two causes of the bodily temperature are intimately connected; for motion is not only changed to heat, but incites oxidation also. Heat is, therefore, a most important remedy.

One of the first indications of disease is irregularity of the heat making functions. Although there may be actual excess of temperature, its production is really, in every case, di-

minated; the excess is owing to its retention with the imperfectly oxidized matters, associated with which heat should be eliminated.

Chemical changes in the vital system depend on conditions quite similar to heat. Composition and decomposition of the ever changing constituents of the body, vital and non-vital, are possible only by contact of the atoms among which such changes occur; and contact is the necessary result of motion. Motion is, therefore, absolutely essential for all chemical actions. Friction, or contact with some degree of force, naturally affords a higher and more perfected result than feeble contact; the constituents of the body following the same law as matters exterior to it. Sluggish chemical action and imperfect vital results are, therefore, by the assistance of motion, carried forward to those perfect results that are compatible with vitality and health. And, in the same way as before indicated, exterior sources of motion bring about effects physiologically indistinguishable from those generated from the usual interior sources of motion. In other words, motion is a remedy, so far as relates to organic vital chemistry.

This principle is specially exemplified in that indispensable accompaniment of all animal life—the oxidizing process. Imperfect health betokens, in the same degree, imperfect oxidation and imperfect removal of the waste products of vital action and expenditure. The oxidizing process within the vital system is peculiar in being always progressive, or proceeding in stages, instead of being a single process, as is usual in the inorganic world.

The difference between health and disease is probably commensurate with these stages of oxidation. Not

that any actual form of disease is predictable on such data, for interminable secondary effects, in which vitality plays a more or less prominent part; in which, also, inherent constitutional tendencies and considerations largely enter, conflict with the possibility of definite conclusions in so obscure and complex a state of things. This, however is a subject for practical demonstration. Oxidation is largely promoted by transmitting vibratory motion to the living system, and the excretions, particularly of highly oxidized matters, are very largely increased thereby, and return to health is proportionately aided.

Motion (to recapitulate) transmitted to the living system from exterior sources, is capable of producing the following effects, without in the least tasking the vital sources of power:

It urges forward the blood in the circulatory vessels, removes mechanical impediments and obstructions therein, and, therefore, diminishes the frequency of the pulse and action of the heart.

It secures the necessary interchange of the nutritive fluids between the blood vessels and the acting organs, upon which tissue change directly depends.

It is, in part, transformed to vital heat. It supports those physiological actions which result in heat production, both local and general.

It carries forward to perfection those chemical changes through which waste of material is eliminated, and those whereby organic development and vital power is supported.

It, in short, goes to the root of certain physiological insufficiencies, which result in the pathological condition. It supplies the energy needed to elevate this pathological condition to the physiological.

TOXICOLOGICAL EFFECTS FROM AN OVERDOSE OF CAMPHOR.

BY

H. LOWREY, M.D.,

Idaho Springs, Colorado.

Yesterday evening while consulting with a patient I was startled by some one loudly crying Doctor! Doctor! I immediately arose and started in the direction of the call, simultaneously a voice was heard across the road and a person was seen beckoning me to hurry—"Hurry! my boy is dying!"

A few seconds found me in the house. On entering, the father had the child in his arms jerking it up and down, thus trying to produce artificial respiration. I looked at the child and the impression was that I had a case of cerebro-spinal-meningitis and a very severe and dangerous case.

Charles P., age 7 years. By some means I could not ascertain from the mother, had gotten hold of some gum-camphor and probably had eaten some but they knew not how much. After investigating concluded he had eaten between $\frac{5}{8}$ ss. and $\frac{3}{4}$ vi. judging by what was left of the camphor after his indulgence. The most prominent symptom was opisthotonos, head thrown back, slightly rotated to the left, jaws locked, mouth drawn to the left, spasmodically characterized by frequent twitching. Oozing froth from the mouth, constant chewing motion of lower jaw with twitching of the whole head, cold sweat all over the face, face bluish, or purple, cadaverous and distorted, spasmodic twitchings; of the occipito-frontalis muscle orbicularis oris drawn to the left and so rigidly could not be drawn back in order to administer an emetic. Masseter so contracted the lower jaw could not be depressed. Twitching of

the eyes, eyes turned upwards, pupils widely dilated, eyes sometimes turned to the right most generally to the left which I observed most perspicuously as peculiarly characteristic of the drug, *profuse lachrymation*. Extremities rigid but straight, upper extremities spasmodically drawn and flexed at intervals, partially rotated. Hands blueish, fingers distorted and flexed violently. Extremities (upper and lower) would be drawn in or flexed upon the body and the muscles relaxed but suddenly violently extended till the joints would crack. Breathing very much impeded and feeble, lungs apparently would not expand owing to the impeded ingress of air due apparently to contraction (spasmodic) of circular fibres of the trachea, whole body was livid, cold, and the skin conveying a tensive feeling to touch. Abdomen marvelously distended, as though with gas.

I immediately ordered a bucket of hot water and sent to the drug store for some Pul. Ipecac and Tartar Emetic.

Meanwhile I stirred up some mustard and salt and administered it by prying the mouth open. In a few minutes the water was ready in which I emerged the child as expeditiously as possible. By friction, etc., the muscles soon relaxed some aided, by some Veratum Alb. 3x which I administered preparatory to knowing the subsequent history. This occurred at half past seven. After the hot bath, consciousness returned, the child placed its hand to the posterior occiput where it complained of pain. It vomited some frothy substance; directed it to be wrapped in hot flannels and put to bed; gave it about gt. xx Ipecac and draughts of hot water. In a few minutes the child was taken with convulsions, face turned livid, cold, ears and nose, lips purple, gritting of

the teeth, head thrown or spasmodically drawn back slightly *rotated to the left (the face)* and the head somewhat flexed laterally to the *left*. Legs spasmodically flexed upon the abdomen, arm upon the chest, *foam at the mouth*, mouth drawn to the left. Twitching of the muscles of the whole body and violent jerks. Tremor of the whole body coming on whence I thought the case was *sealed*.

Nevertheless ordered tub of hot water in which I again emersed the child, keeping it in one hour and a half, taking out the water as it got cool and replenished it with hot, using friction over the abdomen from right to left and along the extremities. The child remaining in one continuous convulsion, with all the symptoms as afore stated. Administered additional emetic, by prying open the mouth and succeeded in inducing emesis. But not until using the Nitrate of Amyl. by inhalation which seemed to subdue all convulsive movements, consciousness returning immediately. He was immediately placed in bed where free emesis took place, after which he went into a comatose state. Stertorous breathing supervened. Knowing the danger over and having other cases to attend to I left some strong coffee to be given every hour. After administering a table spoonful of castor oil, in addition to injection of soapsuds, I left, promising to call the next morning, which I I did, finding my patient up and well, having ate a hearty breakfast. These symptoms just as they occurred, are recorded as distinctive features of the case. The most discriminative symptoms of this drug in the case is the muscles of the left side of the face and body being so spasmodically contracted. The mouth being drawn to the left of the median line. The Nitrate of Amyl was the expedient

that saved the child, is my candid opinion.

CONDYLOMATA.

C. McNEIL, M. D.

New Albany, Ind.

March 23, 1880.—Act. 21: very fair; consulted me as to some excrescences on his penis. On inspection, I found venereal warts scattered over the glans, one was as large as a pea, the others, perhaps a dozen, smaller. The largest has been there a year, the others came within the last six months, and are all increasing in size. He says he has never had gonorrhoea or chancres but acknowledges to having associated with soiled doves.

The warts bled easily; have a feeling of tension and secrete a profuse fetid secretion. They are pedunculated. He has done nothing for them.

I gave him Thuja 200, ten powders every three hours, which were followed by placebos.

April 1.—He says the large one is smaller, the others dying off. Thuja 500, ten powders every four hours.

April 21.—All the warts have disappeared but the big one, and that is only about one-fourth its former size. Thuja 1,000 one dose.

The large one has followed its companions, and up to this time, May 17, there is no return.

This is a *post hoc*, was it a *propter hoc*? Let us see what light the most scientific pathologists throw on the case. Zeissl says, "Syphilis." Band I., Secti, 150. "The pointed condylomata possess a power of reproduction that can scarcely be exceeded by

any of the neoplasms. In many cases the effort of the physician to remove these warty growths is like the struggle with the serpent of the Lernaian marsh, one is removed, five others grew in its place. The same author states on the 153 page of that work, that he had seen many cases resist all effort to remove them by cauterization or excision. Hebra says, Hebraund Kuposi, Haut Krankhecten, Band II., Secti 33. "These formations of different form change in the course of their existence; their external appearance in many ways, in that they at times multiply or enlarge; or, on the other hand, partially atrophy. But, however, they always are reproduced, so that their complete spontaneous involution cannot be expected. At least, I know of no case where the pointed warts, like the common warts, spontaneously atrophy and fall off. On the contrary, cases come to my mind where the pointed warts have continued many years." That is what Hebra says, after having treated 100,000 cases of skin disease, including syphilitic ones and Zeissl, after 50,000 cases.

HOURLY-GLASS CONTRACTION OF THE UTERUS.

F. B. HOERMANN, M. D.

St. Paul, Minn.

The two papers of Dr. A. B. Rice and Dr. A. M. Piersons, January and May numbers of this journal, I have read with the greatest interest, and as it has been my fortune or misfortune, as you please, to attend to two cases of this troublesome affection, I will give in the following my experience:

Case I.—About 4 o'clock, March

8, 1877, I was called to attend Mrs. M., age 24, German, in her second confinement. The case was favorable, and the second stage terminated towards daylight in the delivery of a strong male child. Slight traction on the cord convinced me that the placenta was firmly held in the uterine cavity. External examination showed the uterus to have an oblong shape inclined to the right side, contracted in the middle. I was sure I had a case of hour-glass contraction, and that, as the cord was still pulsating, full and warm, there was an adhesion, not a retention, of the placenta. There was no hemorrhage. The patient being anxious—she had trouble with the placenta the first time—to confirm my diagnosis I introduced my hand into the uterus and found what I expected; the contraction was so great that I could not pass the tip of a finger. There was still no hemorrhage, and the woman was doing well otherwise. I explained the condition, and left the uterus alone, giving Bell., 3 x, every hour. I watched the case closely during the day. In the evening the pulsation in the cord was still noticeable, the woman doing well. The next morning the pulsation had ceased, the cord was cold and flabby. The external examination of the uterus showed an entirely different condition; the organ was normally contracted. Following up the work I found the placenta to be placed in the mouth of the uterus, and I removed the same easily. The patient made a good recovery.

Case II.—November 2d, 1878, about 1 A.M., I was called to attend the same woman in her third confinement. There was a breech presentation, and I applied the forceps to the following head. Two minutes after delivery of the child (female), hemorrhage set in, and a close examination

showed that I had a fully as bad a case of hour-glass contraction as the first, a good portion of the placenta firmly adhering. Regarding the hemorrhage, I concluded to remove the placenta at once, and introduced my hand into the uterus, and by hard work dilated the contracted portion, after which I broke up the adhesions of the placenta and withdrew my hand with the placenta. The hemorrhage ceased immediately, and the patient made a splendid recovery.

CASE OF CHRONIC RHINITIS CURED BY AURUM.

F. G. BURNETT, M.D.

1881, 1882.

Miss M., aged nine, was seen on October 15th, 1879. She was pale, listless, low-spirited, with but little appetite; on asking her questions she seemed too apathetic to answer. The right side of her nose was inflamed and red on the outside, particularly over right nasal bone, and towards the right eye; the right nostril was quite occluded, and a red swelling protruded from it, having a small pustule on its outward aspect.

R. *Aur. fol.* 3 trit., gr. vj., Fiat pulv., tales xij.; one four times a day.

October 18.—The nose is almost well, and patient is cheerful and lively, she comes forward brightly, shakes hands, and answers questions readily. The inflammation of the nose is no longer visible, and all the visible swelling is gone, but it is not quite permeable to air. Pathogenetically *Aurum* has great affinity for the nose; it is a great antipsoric, and is a grand remedy for that sub-vital state of the young. The difference in the child generally in these three days was

really most remarkable. The rhinitis was not by any means of recent date, but had existed for many months, though the inflammatory process had suddenly gone worse a few days before patient was seen by me. Although the redness and swelling of the nose were gone, yet on examining carefully by everting the upper lip one could see that there still remained some hard tumefaction of the right side of upper jaw, just under the nose, and the child spoke "through her nose." The *Aurum* was continued for several weeks at more prolonged intervals, and then patient was declared well. The nasal swelling had been such that patient was known and differentiated by the state of her nose. The permanent change wrought in her constitution by this precious metal, and still more precious remedy, has given me very great satisfaction. I have been blamed for asserting that *Aurum* is a neglected remedy; nevertheless I reiterate that assertion.—*Hom. World.*

OPERATION FOR EPITHELIOMA OF THE LIPS.—Dr. Peillon, in a work recently noticed in the *Lancet* (vol. i., 1880, p. 569), describes clearly and well several useful ways of removing epitheliomata of the lips. In Desgronges' operation, if a large part or the whole of the lower lip be removed by a V-shaped incision and the flaps brought together along the middle line, it is obvious that the upper lip will be pouted forward and the buccal orifice much deformed. Desgronges remedies this by removing a triangular piece from each end of the upper lip. He first widens the orifice by an incision outwards on each side, and the removal of the flaps shortens the lip sufficiently to restore the appearance of the mouth very fairly.

THE
AMERICAN HOMŒOPATH.
*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless indorsed in our editorials.

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The temporary absence from the city of our esteemed chief editor must serve as an apology for the non-appearance of an editorial in this issue of this journal.

OBITUARY.

COSTANTINE HERING, M. D.

Dr. Constantine Hering, the homœopathic physician and founder of this school of medicine in the United States, died suddenly at his residence in Philadelphia, on Friday, July 23d, from paralysis of the heart. He was born in Oschatz, Germany, January 1, 1800, and his medical studies were pursued at the Surgical Academy of Dresden and the University of Leipzig. While thus employed he was engaged to write a work against homœopathy, which was then being strongly advocated by its originator, Hahnemann. To do this young Hering was compelled to consult some works of Hahnemann, and their perusal attracted his attention to the

doctrine of "*similia similibus curantur*," to which he finally became a convert. On the 23d of March, 1826, he received his decree of doctor of medicine from the University of Wurzburg. He afterward filled the position of instructor in mathematics and natural sciences in Berckman's Institute, Dresden, and was sent to Surinam under the direction of the King of Saxony to make researches and collections in zoölogy.

Resigning this place he began the practice of medicine in Paramaribo, and a few years later sailed for Philadelphia, landing in that city in January, 1833. He then took charge of a school established at Allentown. He was made President of the Homœopathic School, which was the first of its kind in the world, and from which the Philadelphia Homœopathic College was afterward started. Dr. Hering soon afterward returned to Philadelphia, where he has since resided. He was the author of several medical works, and was from 1846 until 1869 Professor of Institutes and Materia Medica in the Philadelphia College of Homœopathy. Deceased was also the first president of the American Institute of Homœopathy, of which he was the originator and took a great interest in its work. His literary productions to the German medical journals were frequent and valuable, and for years he was the editor of the *American Journal of Homœopathic Materia Medica*. He was also the author of several works in English, highly prized by the profession.

He* was the intimate friend of

*In this connection we desire to state that at the time of his death, Dr. Hering was preparing a detailed statement for publication in the *American Homœopath*, the subject having been called up by Dr. Nottingham's letter, printed in July issue of this journal.

Hahnemann, whom he sought out in his native country, and pursued his researches under his supervision. He developed many theories advanced by Hahnemann and ranked next to him in the profession. Dr. Hering was married three times. His first wife, whom he married in South America, died there, leaving one son, who now lives in Paramaribo. His second marriage was in Allentown, Pa., to a Philadelphia lady, by whom he had three children. In 1839 he married, in Germany, the daughter of Dr. Bucheim, by whom he had eight children, six of whom, with their mother, are now living.

BOOK NOTICES.

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS. Vol. I., Aug. 1879-May 1880. A. L. Chatterton Publishing Co., New York.

This attractive volume, which contains one year's issue of the above journal, testifies to the success of the only homœopathic journal exclusively devoted to the study of obstetrics and gynecology. That it should be otherwise than successful under the editorship of the distinguished worker in these fields, Doctor Minton, was not to be expected. We presume that the readers of the HOMŒOPATH have taken the journal through the year and are as fully aware of its value as we are, and that it would be therefore a labor of supererogation to point out its merits. There is one feature however we note with pleasure: that many of the articles are from the pen of physicians who rarely write for our magazines and whose contributions are valuable additions to the study of those branches which are the common possession of all schools of practice. We are glad to

see that homœopathic literature is outgrowing the restrictions which the infancy of homœopathy imposed, and without losing its distinctive character is beginning to assume broader ground as to its appropriate field, and to take rank with the best productions of the allopathic school.

POPULAR SCIENCE MONTHLY. D. Appleton & Co., New York.

The rapid development which all sciences have undergone of late years is restricting more and more the field of the individual worker, and specializing the various departments, until the physician who once was master of all sciences must now rest content with understanding thoroughly those branches which concern more particularly his own profession, and skim lightly over the vast domain which lies outside.

The *Popular Science Monthly* is indispensable to every physician who is desirous of keeping pace with the advance in the collateral sciences. The number for July contains, as usual, several articles which are of particular interest to the medical profession. Among others we notice "Changes of the circulation during cerebral activity," by Charles Sedgwick Minot, S.B.S.D.; "Atmospheric Dust," by Gaston Tissandier; and "Hysteria and Demonism," by Dr. Charles Ricket.

Hempel's *Materia Medica* and *Therapeutics Review* in next issue.

CORRESPONDENCE.

LAINGSBURG, Mich., May 24, 1880.
Dear Editor AMERICAN HOMŒOPATHIC:

I was very much pleased with the article "The Other Side of the College Question," in May number. I

will be glad when all of our colleges shall require a matriculation examination. But the practicing physician has a duty to perform also; he should be more particular in regard to the students who enter his office. He should be acquainted with them, so that he could judge whether they would be adapted to the profession. When they have commenced studying medicine, they have formed habits for life. The physician should know whether these habits are good or bad. When they enter a doctor's office they should have a good common school education; and if they were good Latin scholars all the better. For after they cross the portals of the medical field, there is other work to be done—more, even, than can be accomplished in the short time usually allowed at our colleges. I sincerely hope that the alumni of the different colleges will be more careful in the future, and each one of us will see to it that none of our students shall write such examination papers as were printed in your last issue.

Yours fraternally,

S. C. HOOD, M. D.

BURLINGTON, Vt., July 7, 1880.

Dear Doctor:

The types on page 178 or the hot weather have perverted the third line from the bottom, first column. Instead of "*desire to sweat*" (most ridiculous this weather), the symptom should read "DESIRE TO SWEAR." Please correct this in the next number, or I shall be in that condition.

Yours truly,

GEO. M. OCKFORD.

A SLANDER EXPOSED.

Letter of HOMŒOPATH.

Dear Sir—On Friday, May 21, Dr. Chas. Milne, of Lexington avenue and

45th street, sent to the Bureau of Vital Statistics a certificate of death in the case of Ellen Cavanagh, of 307 East 46th street. The primary cause of death was stated to be "negligence and ignorance of previous medical attendants;" the secondary cause, puerperal fever. In a letter accompanying the death certificate, Dr. Milne says: "I consider the death to be due to culpable and criminal neglect or ignorance, or both, of two homœopathic physicians, named Blodgett and Cowl." The matter was referred by the Deputy Register of Vital Statistics to the coroner's office for investigation. A *post-mortem* examination was held on the same day (Friday), at 5 P.M., by Deputy-Coroner Waterman and Dr. T. C. Finnell. The inquest was held by Coroner Ellinger on Wednesday, the 26th inst., from 10.30 A.M. to 5.30 P.M., before a selected jury of old school and homœopathic practitioners, who rendered the following verdict after having retired for barely ten minutes: "We believe that Ellen Cavanagh came to her death through *post-partum hemorrhage* on May 21, and that neither Dr. George W. Blodgett nor Dr. Walter Y. Cowl were guilty of ignorance or neglect, as asserted in the death certificate, and neither of these physicians being in attendance on the patient at the time of her death is responsible for her demise, and they are therefore fully exonerated from all blame in connection with her death." G. F.

Dr. Charles E. Blumenthal, EDITOR AMERICAN HOMŒOPATH: I see in the July number of the Homœopath, page 185, that Dr. O. P. Langworthy, of Louisiana, has of late years abandoned the use of a bandage for newly born infants. I should like a much more explicit description of his manner of dressing the little stranger.

All mothers provide the bandage and all mothers prepare the pinning blanket or one breadth skirt with a deep band that would answer exactly the purpose, either for *good* or *evil*, that the bandage does. There is also the flannel skirt, made with so deep a band that it reaches from the axillary to the crest of the ileum. Now, if good Dr. Langworthy would give us a hint as to the pattern of the underclothes that he approves of for the first dressing of an infant he will oblige more than one northern physician, for we are all anxious to improve by all the new discoveries of the age. Hoping to hear from him, I remain

Yours truly,

MARGARET A. B. MOUNT, M. D.,
New York City.

MEDICAL SOCIETIES.

The following is the result of the election of officers for the coming year at the last meeting of the American Institute, concluded at Milwaukee, June 20th, 1880:

President, Dr. J. W. Dowling, of New York; Vice-President, Dr. W. L. Breyfogle, of Louisville; General Secretary, Dr. J. C. Burgher, of Pittsburg; Provisional Secretary, Dr. J. H. McClelland, of Pittsburg; Treasurer, Dr. E. M. Kellogg, of New York. Dr. McManus was elected to his old post as chairman of the Board of Censors. About fifty new members were enrolled.

The Institute adjourned to meet in or near the city of New York; the exact time and place being left with the Ex. Committee.

Homœopathic Medical Society of the State of New York.—Semi-annual meeting will be held in Brooklyn, September 7th and 8th, 1880.—H. L. Waldo, Secretary.

GALL-STONES.

BY

C. B. KER, M. D.,

Lecturer in Medicine.

The following case I describe as one of gall-stones, and yet the proof positive that biliary calculi caused the symptoms I cannot give. I mean that no such calculi were found in the stools, though often looked for. Perhaps "Hepatic Colic" would have been a better and more correct description of the disease, but that designation would have indicated only that colic was one of the symptoms, and that the liver was considered to be the offending cause. If gall-stones did not cause the symptoms about to be described it is difficult to say what caused them. I shall, therefore, allow the present heading of this paper to stand.

On February 12th of this year I was sent for by C. M. E—, a man of about thirty-five years of age. He told me that he had been suffering from attacks of severe pain at frequent intervals for about eight months, those intervals being from twenty-four hours to three weeks. He told me, also, that he had suffered about a year ago, when in Canada, from an attack of inflammation of the liver. Since the attacks began he has lost about fifty pounds in weight. He is a spare, bilious-looking man, and depressed in his spirits and hopeless about himself.

The attack commences with a drawing-in sensation at the ensiform cartilage or a little below it. The chief pain is at that spot and three or four inches to the right. It is unbearable while it lasts, and he generally has recourse to narcotics for his relief, administered by the mouth or subcutaneously. He describes the pain as tearing and bursting, and coming on and going off gradually, and culminat-

ing in about four or five hours. The whole attack lasts from ten to twelve hours. There is absolute anorexia and much nausea, but rarely vomiting. The tongue is slightly furred only. The urine becomes like porter and the stools like putty during the attacks, but quickly resume their normal color when they are over. The skin of the whole body becomes jaundiced also, but not for more than a day or two. Flatulence is a prominent and troublesome symptom. The pulse is slow, full, and soft at all times, and is scarcely at all influenced by the attacks. There is no great tenderness in the epigastric or hepatic regions during these attacks, and none at all during the intervals. Nor is there any swelling.

His general health was good till the attack of hepatitis in Canada, but he has never been quite well since, suffering at intervals from symptoms of dyspepsia. During the last six or eight months, while these attacks have been going on, he has lost, as I have said, fifty pounds in weight. The bowels are habitually costive; there is slight deafness; the skin is dry and hard, and itches intolerably after his attacks.

The medicines which appeared to me, after a full examination of his case, to be suitable to the symptoms, were *Podophyllin*, *Terebinthina*, *Sulphur*, and *Nitric acid*, and I decided on commencing the treatment with the last named, *Nitric acid*. I prescribed the third decimal dilution, two drops in a table-spoonful of water three times a day. But, as may be supposed, I did not content myself with prescribing a medicine. In all cases of organic or functional disease of any part of the chylopoietic system there is little prospect of relief, to say nothing of cure, unless close attention is paid to the diet of the patient; and,

in most cases, a complete revolution in the food regimen is necessary.

I found that he was in the habit of eating and drinking like other people, and that animal food, in the shape of meat, he partook of largely. I deprived him of this absolutely, also of soups and broths, and of all animal food but milk. Cooked fruit was allowed him, some vegetables, spinach and onions, for instance, any article of farinaceous diet, and plenty of oranges. Oranges and finely-strained barley-water were granted to him *ad libitum* to quench his thirst, of which he sometimes had more than enough. Barley-water, I take this opportunity of saying, and especially when flavored with lemon juice or (when it can be borne) lemon peel, is one of the safest and most grateful drinks that can be taken by the sufferer from chronic disease either of the liver or kidney. It is food as well as drink. The sustenance it conveys may alone support a patient for many weeks.

I deprived my patient also of all stimulating beverages, even coffee and tea; asked him to sponge his whole body over daily with water as hot as he could bear. I prescribed also for him the drinking of cold water between meals in such quantity as he could reconcile himself to without incommoding his stomach or exciting repugnance; and, finally, I advised him to wear a cold-water compress over the pit of the stomach, so as to include a considerable portion of the hepatic region, and to renew it three times in the twenty-four hours.

He was directed to be a great deal in the open air, on horseback if possible, without, however, tiring himself; to clothe himself warmly but not heavily; to remove from a street and house where he lived, which he described to me as dark and overshadow-

owed, damp and ill-drained; and to free himself for a time from the worries of business, by which he had been for some time greatly harassed.

The result of following out rigidly these instructions was most satisfactory. In five days my patient gained three pounds in weight; there had been neither pain nor vomiting, the yellowness and dryness and itching of the skin had disappeared, and he had gained in strength as well as in flesh.

When he called again, nine days later, he had gained still more ground. He had added twelve pounds more to his weight, and his strength had increased in proportion. The appetite, as is so often the case in liver disorders, was rather too good, and the state of the bowels and urine was more normal. He was sleeping well, the stomach digestion was good, and there was no pain nor tenderness anywhere; there had been no threatening of one of the old attacks. He called himself, indeed, perfectly well.

On April 9th, about two months from the commencement of his treatment, he called to tell me that he had remained wholly free from his attacks; and, again, he reported himself on June 3d as being still free from them. The conclusion, therefore, must be come to that the treatment he had been subjected to had succeeded in its object. Such conclusion appears to be obvious and natural. A certain treatment is prescribed and followed in a certain disease with the result that its attacks, which had been in the habit of showing themselves at frequent intervals, sometimes every day, ceased to exist or to recur. We cannot help saying that the treatment has succeeded.

But what was that treatment? It was not a simple but a compound one. There were many elements in it. Did

all those elements work the cure or only one or two? Would one agent only have answered the purpose, or was it necessary that there should be several? Several there were, as I have indicated, *Nitric acid*, an exclusive diet, hot-water ablutions, and cold-water compresses, removal from an ill-drained house and locality to one higher and dryer, and one besides, which I have neglected to mention in its proper place, the kneading and shampooing at frequent intervals of the hepatic region.

To say that *Nitric acid* was the chief agent of cure, would be saying more than I feel disposed to do. To say that the cure would have been accomplished without it would also, I believe, be too much to assert. Nevertheless, my experience in disorders of the chylo-poietic viscera leads me to say that had that medicine not been supported by the other agents mentioned the result would not have been so satisfactory. Of those other agents, diet must rank as the most important. Had I been reduced to the necessity of selecting one only of the means of treatment I made use of in this case, I should not have selected *Nitric acid* but the exclusive diet. Happily, I was not fettered by any such limitation, and I believe that not one of the agents I prescribed but contributed, in a greater or less degree, to the recovery.

A difference of opinion will probably be entertained by the readers of the facts of this case as I have given them. It will be said, no doubt, by many that there is no proof that the case was one of gall-stones. There is certainly no such proof, at the same time the argument of exclusion is sometimes allowed to be a strong one, and in this case it is so. If it was not a case of gall-stones what was it? All the symptoms of that disease were

present except the calculi themselves—the pain and the cessation of the pain, the nausea and vomiting, the absence of tenderness, the jaundice, the slow pulse, the complete recovery. A very careful examination of the stools is necessary to be made before it can be said that no calculi are present in them. This examination I should have made myself, whereas I entrusted it to others who were satisfied that none were passed. But calculi formed of inspissated bile and mucus are probably broken up and dissolved in their passage through the intestines. And those formed of cholesterine and pigment matter, the composition of the great majority, are sometimes very small—as small as mustard-seeds. When so small, however, they are passed generally in large numbers and cause as much pain as solitary and large ones, but their presence is not very readily detected in the stools, their color not being very different from that of the stools themselves.

I can find nothing in our literature which throws much light on the pathology or treatment of gall-stones. In a paper contributed to the *Brit. Jour. of Homœopathy*, in 1867, by Dr. O. Buchmann, of Alvensleben, there are reported some cases cured by *Chelidonium majus*. Dr. Drury has recommended *Calcarea carb.* as a remedy for the attack. Dr. Hartmann suggested *Chamomilla* and *Colocynthis* as the two best remedies, and, failing these, *Digitalis*. In Baehr's *Science of Therapeutics* the medicines recommended are *Arsenic*, *Veratrum*, *Cocculus*, and *Belladonna*, but especially *Arsenic*. As preventive medicines he gives *Nux vomica* and *Sulphur*, and mineral waters, especially those of Karlsbad, Marienbad, and Kissengen. —*British Journal of Homœopathy*.

ALBUMINURIA.

T. ENGALL, M.R.C.S.

In the year 1864 Theodore F—, aged 3 years, came under my care for porrigo of the scalp, pustules in the nose, gummy eyelids, and excoriations behind the ears. Under the action of Biniodide of Mercury, of Hepar sulph., and of Sulphur, he got well.

In March, 1866, he was brought to me suffering from a swelling of the face. As he now dwelt some considerable distance from me, and there was a homœopathic physician residing within a few miles of his home, I advised his parents to avail themselves of his services. This they did, and I heard no more of the case until August, when, the medical attendant having declined the further treatment of it, the parents applied again to me. On August 6th I paid him my first visit.

The account I received from his friends was that Theodore, now five years of age, had been under treatment four months. At the commencement of his illness he had vomited green-yellow frothy fluid, and this had persisted for six weeks; he now vomits on and off if he takes any liquid food. He has had great pain in various parts of his body; has it about the navel now. Sometimes the bowels act three or four times a day, with green slimy motions, other days they are quite right. Sometimes passes undigested food. If he takes milk diarrhœa ensues. Urine is sometimes profuse, at others scanty; until three years old was profuse, and he used to wet about. Sleep restless at night at times, at others sleeps better; can lie to do so.

Has a red eruption on the skin, which is dry, and which itches very much after taking a bath. Has general anasarca. The body measures

35 inches round; the thighs and legs are proportionally swollen.

Albumen was shown to exist in the urine, both by boiling, and by nitric acid. Arsenicum 3d.

August 8th, reported to me; more urine has been passed, which is clearer. Motions healthy; the legs enormously swollen. Arsen.

August 10th. (Visit.) Urine acid; no deposit with nitric acid and very little by heat. Microscope showed mucous corpuscles and a small quantity of urate of soda. Arsenic 3d.

August 17th. Vomits at times a yellow fluid, yet eats directly after. Slimy mucus, with which he passed a worm-like piece of mucus. Urine more profuse. Arsen 3d.

August (Visit). The abdomen is less; is now twenty-five inches. The left leg is also less. Sleeps better. Ate eggs for breakfast and roast mutton for dinner to-day. Pain at the navel. Itching of the skin. Gets a cough when the wind is easterly. Perspires in the upper part of the body at night. Urine is clear; it soon became ammoniacal and fetid, and showed crystals of triple phosphates. Merc. viv. and Arsenicum.

August 25th. (Report.) Morning urine acid; highly albuminous by boiling and by nitric acid; it soon became alkaline and showed crystals of triple phosphates. Urine scanty, a few drops of blood had passed with it. Size of belly the same, twenty-five inches, but the leg, which was smaller, is now much swollen again. Picks his nose.

August 31st. (Visit.) Pulse 84. Legs and body much less. Does not perspire. Tongue clean. Rode out in his perambulator for two hours. Arsenic 1st trit.

September 7th. (Visit.) Both legs are less and body much less. Is very restless, and gets faint in his sleep and

grinds his teeth. Urine profuse. Arsen. 1st trituration.

September 14th. (Visit.) Mucus in the urine. Albumen less. Body and legs less. Arsen.

September 31st. Body and feet smaller; right leg swells more than the left. Scrotum gets sore. Several times a day he has symptoms of coryza, which cannot be accounted for. (Is this the effect of the Arsenic? probably not, as the symptom is not mentioned again, although the medicine was continued.) Feels sinking in the morning. No diarrhoea. Had formerly on his legs an erysipelatous redness; now a covering of thick dandruff. Arsen.

September 28th. (Report.) Lips and eyelids are swollen in the night. Body and feet are less swollen. Arsen.

October 6th. (Visit.) The skin is not so rough. He, in his sleep, constantly moves his legs up and down and starts. He has been walking about to-day. The urine is very thick. Eyes, face, and upper lip are swollen. Pulse small, 96. Perspires in the head and face. Is very thirsty. Bowels not acted for two days. Arsen. 3.

October 12th. (Visit.) He has swollen more the past week, especially at night; can walk a little. Urine sp. gr. 10.18; it was passed after tea, and is probably mixed with much water; is flocculent when treated with nitric acid and heat. Arsen. 1st, 3 grains daily.

October 15th. (Report.) Diarrhoea of undigested food, preceded by green motions. Phosp. Acid.

October 19th. Diarrhoea with evacuations of undigested food. Has vomited a little greenish fluid. Merc. sulph.

October 26th. (Visit.) Every day since last report he has passed green-

ish undigested motions; vomited last night a greenish fluid.

October 27th. The urine I brought away last night had not much deposit; that passed yesterday morning had none. (Was this owing to the greenish vomit and greenish diarrhœa?) Albumen much less. Merc. sulph.

November 3d. (Visit.) Urate of ammonia in the urine, as shown by inspection. Face is swollen at times; now the peculiar feeling of hardness in the legs is less. Bowels are relaxed; has not been sick. When he was out he got out of his perambulator and ran away from his nurse. Merc. sulph.

November 5th. A good quantity of albumen, earthy phosphates, and urate of ammonia, in the urine. Go back to Arsen. 1st trit.

November 15th. Bowels are regular. Passes great quantity of clear urine; it is clear after standing all night. Much less of urates and of albumen. Acid reaction. Arsen. 1st, in solution.

November 27th. Temper very violent. Sleeps well. Bowels not relaxed, but copiously relieved. Runs about all day. The eyelids and upper lip swell very much. Nose is red, and when cold is blue. The skin round the neck has a bluish and coppery color. The veins of the left groin are very large, and look very blue. Feet are puffy at times, but are less so since they have been rubbed. Bowels twenty-five inches round. In the urine voided in the evening a great quantity of urates and of albumen; probably these are derived from the food. Mer. viv. 1 grain daily.

December 5th. (Visit.) He cannot sleep the early part of the night. Temper is very violent. Less albumen; that in the morning urine greatest. Bell. 2x, 2 drops daily.

December 10th. Urine no worse.

The scrotum itches a great deal. The swelling is entirely gone. No urates. Arsen. 1st trit.

December 20th. Better; no urates, and less albumen, in both morning and evening urine. Arsen. 1st trit.

December 28th. The other children have had the mumps, and he has them now. Mer. viv.

1867, *January 7th.* With the mumps he had a profuse perspiration, which reduced the swelling considerably. The eyelids are very puffy and white in the morning; the skin of the legs at the ankle bags a good deal; he can walk a mile. Urine is better in color, and has less deposit. Arsen. 2x.

January 21st. He is, on the whole, better, but the legs and hands swell if the urine is not profuse; on one occasion the abdominal swelling was followed by two quarts of urine being passed, and now, if the urine is not plentiful, the swelling comes. Arsen. 2, 1 grain daily.

February 12th. Urine albuminous, with great deposit of urates. Mer. viv. 1st trit.

February 25th. (Visit.) When the feet perspire the swelling of the lower extremities is less, or does not take place. The neck and the eyelids swell at times. The superficial inguinal veins are much enlarged; that side of the abdomen is larger than the opposite. The swelling is too diffused to be caused by the colon. By boiling no deposit in either morning or evening urine. Mer. viv. 1st trit., every morning.

March 9th. Morning urine loaded with urates; that of the evening, free; no albumen by Nitric acid. Mer. viv. 1, 1/2 grain daily.

March 20th. The swelling has returned; some nights not any, and then it reappears. Bowels were confined, but now are better; no sweats, but cold clammy feeling on the body. The

feet are now dry; formerly perspired a good deal. Has had a bath once a week. Urine varies; on and off clear and thick; urates in it; no albumen when treated with Nitric acid and heat. The liver is probably the cause. Mer. viv.

April 5th. No dropsy since last visit. Skin becomes yellowish at times. Deposit less in quantity, consisting of mucus with crystals of uric acid; no albumen or urates.

May 2d. Superficial inguinal veins look enlarged and blue. Is very sleepy in the morning. Bowels act once in two days. Motions very dark. Restless and fretful some days. Upper lip swells always in the morning. Urine clear; no albumen; no deposit. Breath smelt badly. Mer. viv., 1 grain three times a week.

May 21st. Has had some premonitory symptoms of the former attack. The eyes were swollen. No sickness, nor nausea. The blue inguinal and abdominal veins, which had nearly disappeared, have again appeared. Perspires little except in the head. Urine is thick and less in quantity. Complexion becomes white and unhealthy-looking at times. Mer. viv., 1 grain daily.

June. The swelling of the body is less. Complains of pain at the extremity of the penis on lying down and on moving about; not worse after passing urine. No albumen. Arsen. 1, 3 grains daily.

July 10th. (Report.) Last year, in an east wind, the face, lips, and eyelids swelled, and they did so yesterday; have decreased to-day. No swelling in the legs now. Pain at the glans or prepuce. Whilst under the care of the physician, when better he would get worse if the wind changed to the east. No albumen, but earthy phosphates. Arsen.

August 9th. Very little swelling.

The eyelids are a little swollen. The inguinal and hypogastric veins are not so large; they increase at night. No albumen. Arsen., 1 drop of 3d daily.

All subsequent accounts reported the boy as quite well, in which state he has continued until the present time (1880).

Observations.—What was the case here narrated? That it was one of albuminuria there can be no question, as far as tests will establish that point; but was it a case of desquamative nephritis? At an early stage of the disease I thought that once I saw some uriferous casts, but the result of the treatment leads me to the belief that they were probably only urates which assumed that shape. It is probable, therefore, that it was a case of severe inflammation of the kidney, although the extensive dropsy accompanying it (according to some pathological views) would indicate that it was a clear case of Bright's disease. Whether it were so or not, happy shall I be if the treatment adopted will aid any one in the management of this terrible malady.

The increase of symptoms when the wind was in the east seems also to indicate that it was a case of renal congestion, from the effect which this wind produces upon the skin, which view gets further confirmation from the dry condition of the skin of the invalid and the presence of urates in the urine, both of which improved before the albumen disappeared.

Had the eruption on the scalp any influence in producing the disease? This began two years, and was well for fifteen months, before the general dropsy appeared, yet in this interval the boy had attacks of sickness, with occasional swelling of the face, which precludes the idea that it was a case of suppressed scarlatina.

As regards the dose, little *perma-*

ment benefit was produced with the medicine attenuated to the third degree, but permanent benefit resulted from the use of the same medicine in a more material form, and the cure appeared to be due more to the lowness of the dilution employed than to the quantity administered.—*Ibid.*

A CASE IN WHICH AN ABSCESS OF THE LUNG SIMULATED ABSCESS OF THE LARYNX.

DR. MIDGLEY CASH.

English Edition.

I was called on to attend Mrs. D—— about the beginning of the present year. Her age was 50. She was a thin, spare woman, of nervous temperament, and complained of suffering for many months past from persistent "throat cough," for which she had been treated with indifferent success. She was worn with this and with constant fever. All the trouble complained of was in the throat; repeated chest examinations revealed nothing amiss, but pressure on the cricoid and lower part of the thyroid cartilage caused intense pain, and the exclamation, "There it is!" From this and from the ejection by coughing of large quantities of muco-purulent secretion, preceded by a shiver and increased fever, rapid pulse and high temperature, I suspected we had to do with an abscess of the laryngeal walls, which had broken, and was discharging itself. Her voice too was much affected—low, hoarse, and whispering—and there was such a degree of dysphagia that for a long time nothing but fluids could be swallowed, though could she have eaten she would have done so, her appetite being very good. I was never able to

examine her with the laryngoscope, as her throat was excessively sensitive, and even depressing the tongue to view the fauces would cause her to retch violently.

Among other remedies *Lachesis* and *Belladonna* were given at intervals, also *Ant.-Tart.* and *Hep.-Sulph.* without any benefit. *Ac.-Phos.* *ix.*, two drops in water every three hours, helped her the most. Milk she could never touch, saying it made her sick, but strong fluid meat essences and soups, together with thin farinaceous foods, kept her alive for some time, though getting gradually more exhausted by the constant cough and profuse expectoration.

Occasionally a slight mucous râle was audible over the chest, but careful percussion from time to time, both by myself and by Dr. W. F. Edgelow, who kindly saw her with me, failed to elicit anything but a normal note equally resonant on the two sides. She gradually got weaker as the hectic increased, profuse mucous rattling set in over the whole chest, and she finally sank on the 29th of March, apparently suffocated by the immense accumulation of mucus which she had not power to bring up.

Section on the 30th. Rigor-mortis well marked, body extremely emaciated. On opening the chest, the right visceral and parietal pleuræ were found firmly adherent together, and inferiorly intimately attached to the diaphragm and liver. A section of the right lung showed its upper part to be converted into a huge abscess, the walls of which were formed by the pleural membrane itself. The cavity, which would have held a large fist, was filled with green muco-pus. Throughout the entire lung abscesses were found varying in size from a blackbird's egg to a pea, and the contents varying from pus to caseous

material, and in some cases semi-calcareous. Both lungs were riddled with such cavities, from which creamy pus oozed on section.

The mucous membrane of the trachea and larynx was inflamed, but no evidence whatever was obtained of any abscess or growth. The heart was small, and contained *ante-mortem* clot.

The special point of interest in this case appears to me to be that here was a great cavity in the lung filled with gas and fluid lying immediately below the surface, and over which percussion and auscultation had been carefully practiced again and again, yet both had failed to discover its presence, either by the least deviation from the normal lung note, or by the occurrence of any abnormal sounds. The symptoms in general were certainly those of an abscess somewhere, profusely discharging, but so pointedly did they seem connected with the laryngeal, and so little was there to associate them with the pulmonary tract, that but for the *post-mortem* inspection we should have been under complete misapprehension as to the nature of the case. This appears to me strikingly to illustrate the value of necropsies, which, could they be more frequently practiced, would greatly strengthen the appreciation of the nature of certain symptoms during life, and at the same time indicate and perfect the treatment.—*Hom. World*.

LAWS OF NEW YORK.

BY AUTHORITY.

[Every law, unless a different time shall be prescribed therein, shall commence and take effect throughout the State, on and not before the twentieth day after the day of its final passage, as certified by the Secretary of State.—Sec. 12, title 4, chap. 7, part 1, Revised Statutes.]

CHAPTER 513.

AN ACT entitled "An act to regulate the licensing of physicians and Surgeons."

Passed May 29, 1880; three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. A person shall not practice physic or surgery within the State unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do as prescribed by chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act.

§ 2. Every person now lawfully engaged in the practice of physic and surgery within the State shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorized to practice physic and surgery shall, before commencing to practice, register in the clerk's office of the county where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the State, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same and by whom granted, which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The county clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

§ 3. A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offense, and for each subsequent offense by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one-half to the person or corporation making the complaint, the other half into the county treasury.

§ 4. A person coming to the State from without the State may be licensed to practice physic and surgery, or either, within the State, in the following manner. If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated university, medical college, or medical school without the State, he shall exhibit the same to the faculty of some incorporated medical college or medical school of this State, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it for the purpose of his license to practice medicine and surgery within this State the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practice physic and surgery within the State upon his complying with the provisions of section two of this act.

§ 5. The degree of doctor of medicine lawfully conferred by any incorporated medical college or university in this State shall be a license to practice physic and surgery within the State after the person to whom it is granted shall have complied with section two of this act.

§ 6. Nothing in this act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practiced medicine and surgery for ten years last past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this State, and who shall graduate from and receive a diploma within two years from the passage of this act.

§ 7. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

STATE OF NEW YORK,
Office of the Secretary of State,)

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

JOSEPH B. CARR,
Secretary of State.

PUBLISHERS' DEPARTMENT.

Several articles intended for this issue are held over for want of room. Dr. Helmuth's article which appeared in the June Number will be continued upon the return of that gentleman from Europe.

This is a very desirable season of the year for testing the merits of Horsford's Acid Phosphate, if any have yet failed to do so. Samples are sent on application to the manufacturer.

We will pay 25 cents each for a copy of January and February, 1879, issue of this journal. Also 20 cents each for any number of copies of June, 1880; write your name on wrapper, and remittance will be made by return mail. Also wanted, a copy of Hale on Disease of the Heart, 2d edition.

BANNING TRUSS AND BRACE CO.

We take pleasure in calling attention to the instruments and appliances manufactured by this company. They make a specialty of the manufacture of Spinal, Uterine and Hernial Braces and Supporters, in which they have no superior. Their various forms of peculiarly constructed Spinal Braces have given great satisfaction in the treatment both of Potts' Disease (angular) and Lateral Curvatures of the Spine. These appliances are light, easily adjusted, and comfortable to the patient. Having the endorsement of the most prominent physicians of this country and Europe, we take pleasure in commending them to the profession and others. All orders should be addressed to the Banning Truss and Brace Co., 704 Broadway, N. Y. City, as per their advertisement.

THE
AMERICAN
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CARCINOMA OF STOMACH. WITH
POST MORTEM.

W. M. HAINES, M.D.
Baltimore, Md.

CASE.—Mr. N. W., æt. 44. Had been a very hard drinker, but had left off his intemperate habits some three or four years before, since which time he had been troubled with his stomach.

For three or four weeks before his death he was unable to retain upon his stomach anything whatever, even the smallest quantity of liquid being almost immediately vomited, usually tinged of a dark color. He had some months before his death, several severe spells of hematemesis, vomiting at one time rather over a quart of dark blood. Examination revealed the cause of his symptoms and made the prognosis certain. He was kept alive finally only by aid of enemas of beef-tea, &c.

Post Mortem.—On making the customary incisions, his emaciated body was found to be perfectly bloodless, not a drop following the use of the knife. The abdomen was filled with dropsical fluid; I removed about two gallons. On exposing the abdomen I found that the stomach, pancreas, spleen, and gall bladder were all united in one complete cancerous mass, which could not be separated, but had to be moved entire. The stomach was almost completely filled up, so to speak, and the cavity of it capable of holding only about a gill of fluid. The pyloric orifice was completely closed and must have been so for some time. There was only a small spot or part of the stomach that was unaffected and that not over two inches square, situated toward cardiac end, the remainder being a spongy grisley substance and being from one-half to two inches in thickness. It seemed hardly possible that a person could live so long with the stomach in such a diseased condition. This was the main part of in-

terest to me in the case. An old physician present at post mortem said he had never seen so large a cancerous deposit in over fifty years' experience.

THE RUBBER BANDAGE AND ITS USES.

ARTHUR T. HILLS, M.D.,

New York City.

Read before the Homoeopathic Medical Society of the County of New York, March 11, 1899.

The pure rubber bandage of Dr. Martin, of Boston, is found a most valuable addition to the means of cure of a large class of diseases. It meets indications that are almost essential to success. Under its use ulcers, varicose veins and eczema have improved and been cured with remarkable rapidity. We do not say that ulcers, varicose veins and eczema cannot be cured in other ways, but the great advantage of the rubber bandage is, that it permits the patients to go about and pursue their avocations. This is not only comfortable to them, but it does not interfere at all with the cure.

It is a great aid to cure for patients to be about; the general health is invigorated and they experience the tonic effect of feeling and being as comfortable and vigorous as ever. Every one has undoubtedly noticed how curative this mental state is to almost every class of disease, and should be largely sought after.

It may be well here to explain the "modus operandi" of the pure rubber bandage in accomplishing results

in these cases. It is by gentle, equal and constant pressure which it maintains. It supports and assists the capillary circulation. This pressure promotes the absorption of the fibrinous or serous deposits in the tissues; the rapidity of this absorption is at times surprising.

We shall not here discuss the question how this change is produced, whether upon the lymphatics or the capillaries. It mechanically expels the blood from the over distended and weakened veins, which it supports and compresses. We often find in these cases a weakened condition of the heart; if so, the feeble circulation is aided by the elasticity of the bandage. The continuous warmth and moisture and the exclusion of the air tend toward favorable results.

The mode of application of the bandage is important.

It should be applied so as to make gentle, even pressure; the sensation of squeezing must be avoided. It should only be put on tight enough to keep it in place. It does not easily slip. Each fold should overlap the previous one about half an inch. It is not necessary to make any reverse turns—only to wrap it around continuously. Its elasticity makes it fit everywhere with equal smoothness and comfort. It should always be begun at the toes. It is applied directly to the surface, no protective being anywhere necessary.

It should be taken off *after* getting in bed.

Two basins of water should be in readiness beside the bed—one to sponge the leg with and the other to wash off the bandage. The ulcer or eczema should then be covered with a piece of muslin to keep from soiling the bed linen.

The bandage should be hung over a chair until morning, and should be reapplied *before* rising. No grease or

ointment of any kind should ever be used, as it soon destroys the rubber.

The superiority of the pure rubber bandage over the elastic stocking at once suggests itself. The elastic stocking soon loses much of its elasticity and becomes almost useless, never making as even pressure as the pure rubber bandage; nor is it indicated in many conditions where the pure rubber bandage has attained brilliant results.

Dr. Levis, of Philadelphia, recommends its use for the swelling that follows fractures, due to a disturbance in the circulation. The author has used it in such cases with like good results.

ON CINCHONA QUINQUINA AND
THE SULPHATE OF QUININE IN
THE TREATMENT OF ERYSIPELAS.

DR. JOUSSET.

Erysipelas of the ordinary type is a disease having a natural tendency towards cure, and it may be said, in the absence of treatment, its termination by death is an exception.

Erysipelas in its malignant form, on the contrary, is an extremely formidable disease, and invariably, in the absence of treatment, has a fatal ending. Malignant Erysipelas is therefore the real ground upon which the power of Therapeutics may be demonstrated.

If the indication for Cinchona in the treatment of Erysipelas has not appeared directly in the experimental *materia medica*, relatively recent studies upon quinine eruptions have later demonstrated that this therapeu-

tic action is rigorously included in the law of similars.

It was the following observations, in Professor Jaccoud's clinic, which attracted my attention to the employment of Cinchona in the treatment of Erysipelas:—"Internally I give common wine of Cinchona to an individual of moderate constitution, in whom the Erysipelas is without delirium, in a dose of from 150 to 200 grammes in 24 hours. If mild delirium occurs, and at night only, I give 250 grammes. But if the delirium is violent and continuous, and which does not take place unless the fever itself is intense. I give as high as 400 or 500 grammes per day, and I keep up these doses until the disease abates. Collect the facts and you have a total of 67 cases with one decease." (*Clinique de l'Hôpital Lariboisiere*, p. 789.)

I was induced to try this treatment in the case of a young woman, who, in the course of a suppurated pelvic-peritonitis, not puerperal, was taken with a malignant and ambulant form of Erysipelas. It commenced in the face, extended to the scalp, came down to the neck and shoulders, covering the entire left arm, Bell., Acon., Rhus and Ars. having failed. The general condition was deplorable; intense feverish action, with abatement of intensity in the morning (40° in the evening, 38½° in the morning); excessive prostration, continuous delirium. At the moment when, after the failure of the before-mentioned remedies, the Erysipelas was invading the trunk, and when the general condition presaged a near and inevitable death, the wine of Cinchona was prescribed after the method of Jaccoud, one spoonful every hour. The first effect of this medication was to improve the general condition. The feverish action diminished at the end of 36 hours. The second day of treatment the delirium disappeared,

and the patient showed a decided improvement. The Erysipelas spread somewhat on the first days of treatment, but was not long in stopping. The arm was saved, and at the end of the week the patient entered into full convalescence.

Remembering this fact, I have often prescribed, and successfully, in the intense ordinary form of Erysipelas, China instead of Bellad.—*Art Médical*, January, 1880.

HOMŒOPATHIC DOSES.

DR JOUSSET.

Paris, France.

Let us glance rapidly at the history of this question. After a first epoch, during which Hahnemann employed medicines in medium doses, there comes a second characterized by the use of doses more and more infinitesimal. Then the decimal dilutions were originated, and an important group of homœopaths confined themselves to the exclusive employment of large doses. Between these two extremes there appears a mixed school, which professes that medicines *act in any dose*, and which seeks to establish certain rules for the choice of the dose.

This school, which prescribes, in some cases, *Lycopodium*, *Silicea*, *Cuprum*, *Nux vomica*, in the thirtieth, and even the two hundredth dilution, employs unhesitatingly, in other cases equally obstinate, *Chin. Sulph.*, *Ferum*, *Kali. Iod.*, *Mercurius*, in tenth-grain and even in grain doses.

It is precisely this mixed school which has need to solve the problem

which forms the subject of this lecture. The establishment of a system removes all difficulties; and yet if both cure, both also too frequently fail.

For if one or the other extreme schools should invariably cure, we should have only to connect ourselves with that school.

The insufficiency of the pure infinitesimalists, is not contested. But they affirm that if the medicine does not act in an infinitesimal dose, it is because it is badly chosen. This is a convenient argument, and one which consists in habitually accusing its adversaries of ignorance or of indolence. I will oppose this argument, with a simple anecdote, which has its instructive side. A Spanish lady, attacked with an intermittent facial neuralgia, was treated unsuccessfully for a year by one of the purest and most distinguished homœopaths. Was it the *psora* which caused the failure? It surely was not the bad choice of the remedy; the length of treatment and the reputation of the physician do not permit us to entertain such a supposition. Well, this lady, having arrived in Paris, is cured in eight days, with some grains of Sulph. of Quinine.

Have I not seen sufferers from cardiac asystolia, abandoned by homœopathy, powerless to relieve by infinitesimal doses, experience, if not recovery, at least considerable amelioration from *Digitalis* in a large dose? Does not Rogers, quoted by Richard Hughes, affirm that the repugnance which certain homœopaths have to the employment of the Sulphate of Quinine in large doses in intermittent fever, has much injured our doctrine in certain localities? and he corroborates his statements by our own statistics.

In the diarrhœa amenable to *Ars.* to *Phos. ac.*, to *Bis.*, and to *Rheum*, I am convinced by successive trials,

for the purpose of demonstration, that the low triturations and the large doses act more surely than the high dilutions. I am happy to be able to give here the testimony of Dr. Allen who, after having given in vain both the thirtieth and the two-hundredth dilutions of *Ars.* in a case of diarrhœa, succeeded with the third trituration of the same medicine. *Tabacum*, which is a medicine very well indicated in vertigo with vomiting ought to be prescribed frequently in a low dilution, — the third, and even the first.

The Marquis of M—— came to consult me for a vertigo of this kind, lasting very many years. His physician believed it to be an affection of the stomach, as there were frequent vomitings and considerable emaciation. *Tabacum* cut short the crisis, and finally completed the cure, but I was obliged to descend from the third to the first dilution; the twelfth and the thirtieth, having been tried upon the disease, remained without effect.

The acute ganglionic congestions which yield so easily to a few drops of the tincture of *Bell.*, resist indefinitely the high dilutions of the same medicine. *Ferrum* in chlorosis, *Merc.* and *Kali. Iod.* in syphilis, *Chin Sulph.* in intermittent fevers, according to the generality of homœopaths, should be prescribed in substance.

On the other side, I have proved, by experiment, many times, the value of doses by a gradually ascending scale of dilutions; and have found that in obstinate cases the infinitesimal doses possess an unquestionable superiority. *Nux Vom.*, for example, has an action much more certain in the twelfth and the thirtieth dilution, in neuralgias and certain affections of the stomach, than the low dilutions or even the tincture itself, this is true also of *Sil.* in scrofulous affections, of *Lycopod.* in constipation, of *Cup.* in cramps, of *Sulph.* in phthisis, etc.

It is certain that there are medicines which, in obstinate cases, act in any dose. But is also certain that even with these medicines there is always a preferable dose, and it is more certain, as we have but a moment since demonstrated, that there are some cases which resist infinitesimal doses, while others are absolutely intractable to large doses. I believe it is the study of medicine upon the healthy man which will give us the solution that we desire. The works on *materia medica* of Hahnemann and his pupils, both allopaths and homœopaths (for to-day all the therapeutists study *materia medica* after the method of Hahnemann), demonstrate that all medicines produce upon a healthy man two orders of actions, and that these actions are contrary. Thus any medicine which by its primary action increases the temperature, by its secondary action lowers it; that which at first diminishes the pulse afterward accelerates it; the same medicine produces both cerebral excitement and somnolence, both diarrhœa and constipation, both pain and anæsthesia. The symptoms which appear first have been called primary, the others secondary. Again, what frequently appears in the provings is a kind of alternation of opposite symptoms: the secondary succeed the primary, which in turn reappear after the secondary. The experimental method has demonstrated likewise that the dose of the medicine employed has a considerable influence in the production of alternate effects of the medicines. Thus with very strong doses the primary symptoms are nearly suppressed, and the secondary symptoms are directly produced. For example, strong doses of *Aconite* produce collapse with chill, without previously having raised the temperature; they produce anæsthesia without having caused pain; purgatives in large doses purge without having

caused the previous constipation, etc. Very small doses, on the contrary, produce especially primary symptoms; thus Acon. and Rheum in small doses produce, the first, an elevation of temperature; the second, constipation, etc.

Upon the healthy man all medicines, then, show us two opposite actions, and these opposite actions are produced almost at will by the dose administered. Is it not evident, therefore, that if we wish to apply the law of similitude we ought, in the choice of the dose, to conform ourselves to this rule, and administer large doses whenever they are analogous, when we wish to combat a symptom which approaches to the secondary action of the medicine; and on the contrary, to prescribe infinitesimal doses when we have before us a symptom which approaches to the primary action of the medicine? For example, Rheum in small doses upon a healthy man produces constipation, and in a large dose diarrhœa. If we wish to apply here the law of similitude, we ought then to administer infinitesimal doses in constipation, and the first dilutions, or even the mother tincture, in diarrhœa. The same rule applies to all medicines which in small doses produce constipation, and in large dose diarrhœa; that is to say, to that class formerly known under the name of purgatives. Thus Digitalis, in toxic doses, produces asystolia, and in order to cure asystolia it requires doses of Digitalis approaching to toxic (maceration of leaves.)

The poisonous doses of Quinine produce dangerous paroxysms, with syncope, which we find in the pathogenesis of Hahnemann; and it is the Sulphate of Quinine in nearly poisonous doses (1 to 2 grains) which cures the pernicious fevers.

Thus Mercurius in strong doses, continued upon a healthy man, produces ulcerations and a cachectic con-

dition analogous to variola, and it is the same large doses which cure variola. Thus Croton Oil, Rhubarb, Bismuth, Veratrum, Arsenic, which in large doses produce diarrhœa, cure it better with the low than with the high dilutions; also tobacco, which in large doses produces upon the healthy man vertigo with vomiting, cures much better the condition called *vertigo a stomacho læso*, in the low than in the high dilutions. Again, the habitual use of water containing Iron produces a state of anæmia similar to chlorosis, and in order to combat chlorosis it is necessary to use Iron in strong doses.

In another sense we find, for example, that Silicea produces in dynamized doses congestions and pains in the glands of the neck, ulcerations of the throat, pains in the pre-existing ulcers in order to cure these symptoms we should choose the infinitesimal doses of Silicea. It is with the dynamizations that Hahnemann has obtained the greater part of the symptoms of Sulphur, and the generality of homœopaths counsel the administration of the twelfth and thirtieth of Sulphur in the treatment of diseases. These considerations apply also to Lycopodium, to Sepia, and to the majority of medicines. Yet one great difficulty is that the pathogeneses are made up in such a manner that we frequently ignore both the doses employed and the distinction between the primary and secondary symptoms. This is why I demand a reform in the materia medica. In allopathy the reverse is the rule. Thus it applies the secondary action to the cure of primary symptoms, and, *vice versa*, the primary action to the cure of secondary symptoms: for example, Rhubarb, in large doses, secondary action, for constipation, which is a primary effect of Rhubarb; Aconite in large doses, secondary action, for febrile heat,

which is a primary effect of Aconite; Digitalis in large doses, secondary action, for rapid pulse, primary effect. On the contrary, when allopaths give Sulphate of Quinine, Mercury, Iron, Opium, in large doses for intermittent fever, syphilis, chlorosis, and diarrhœa, they practice homœopathy, since they prescribe, for symptoms analogous to the secondary actions of medicines, doses capable of producing the secondary effects.

But if allopaths frequently practice homœopathy without knowing it, it is just to add that homœopaths who prescribe twenty and forty drops of the mother tincture of Aconite in fever unconsciously practice allopathy; for they apply the secondary action of Aconite lowering the temperature, against the febrile heat: *contraria contrariis curantur*.

cæcum is distended the margins of the opening are approximated so as to prevent any reflux into the ileum." To satisfy myself upon this point, when a student I experimented in the dissecting room. Having removed the whole intestinal tract from an adult subject, and thoroughly cleaned it of its contents, I slipped the rectum over the hydrant faucet and held it securely. I then turned on the water slowly. The large intestine filled to its utmost capacity, and finally yielded to the pressure. Not a particle of water passed into the ileum. This experiment shows beyond doubt that liquids will not pass the valve from below upward. In this case the gut was ruptured without forcing a passage into the small intestine. This fact has an important bearing upon the treatment of obstructions above the ileum. Liquid injections in these cases will not remove the difficulty.

OBSTRUCTING OF THE BOWELS BY GALL-STONE.

J. W. CLEMMER, M. D.

Peoria, O.

In June number a case of partial obstruction of the bowels by a gall-stone is reported. One of the conclusions precipitated by the writer is "the possibility of not only filling the whole colon with fluids, but of forcing them through the ileo-cæcal opening, the latter being no doubt facilitated by the elbow-knee position."

A study of the ileo-cæcal valve goes to show that it is an impossibility to force liquids from below upward into the ileum. Upon this point Gray says (p. 738): "When the

CLINICAL REMARKS.

BY

N. C. RICARDO, M. D.

Passaic, N. J.

Dr. Schmucker of Reading, Pa., reports in the May number of the "HOMŒOPATH" two cases, for which he deserves thanks.

The first, the one which he cured with Kali-bich, 2 c., would have received Spigelia at the hands of homœopaths generally. So I think the doctor deserves thanks in calling the attention of the profession to the fact that we have another reliable remedy to place with Spigelia and Glon in this form of megrium.

The doctor's second case is also interesting. I would like to report a case having a similar symptom.

Case. J. V., aged about 42. Feb. 12, 1880.—Every afternoon at half-past four feels as if intoxicated (by the way, I should mention that this patient is a temperance man), with pain in the small of the back. Is chilly; afterwards sweats. No fever. Has headache, but no thirst. During the day is chilly by times. The peculiarity of the case was that during the paroxysm he experienced a sense of lightness, and whatever he handled had no sense of weight. Even to the lifting of from fifty to a hundred pounds, it felt as nothing to him; it had no sense of weight.

This I regarded as an anomalous condition, and dependent upon spinal reflex action. Possibly I am mistaken. However, I prescribed Puls, 2 c., three times a day for two days. There has been no return of the intermittent, or peculiar sense of lightness, from that day to the present.

HOW TO PERFORM ELECTRO-SURGICAL OPERATIONS.

BY
JOHN BUTLER, M. D..

New York City.

MALIGNANT GROWTHS.

There has been much diversity of opinion among electro-therapeutists relative to the actual value of electrolysis in malignant growths; as to how far the destruction of a cancerous tumor by electrolysis tends to diminish the liability of a recurrence of the disease. Some authorities assume that while it does not assure positive exemption from a return, it certainly lessens the tendency thereto. Others

say that it offers no more immunity than does removal by the knife; and others, again, that it positively irritates the surrounding textures to such a degree that it increases the likelihood of a re-growth. Every man forms his opinion by the results of his experience; and while I have no fault to find with those who differ from me, I wish to have the same privilege that I am willing to give others; that is, the privilege of stating the opinions that I have formed as the result of *my* experience.

I am firmly convinced that removal of a malignant growth by electrolysis *does* lessen the liability to a recurrence of the disease; that any case in which operative interference is necessary, electrolysis is the preferable method; that in certain cases where interference by the knife is not to be thought of, electrolysis is advisable. I have had many cases which substantiate these facts; cases which, having been previously operated upon by the knife, recurred in less than three months after the operation; but the secondary, and in some instances tertiary growths, having been removed by electrolysis, the patients recovered, and remained free from any tendency toward recurrence. Some of these operations are of several years' standing, and speak for themselves as to their value. They represent almost every variety of malignant disease: epithelioma, medullary sarcoma, spindle-celled sarcoma, etc.

That I have failed in preventing recurrence, it is true; but in each case of failure, either the whole of the diseased part could not be removed, or else the system was so impregnated with disease, that the operation was undertaken with a view of prolonging the patient's life, rather than with a hope of the disease not reappearing.

I have no theory to offer as to how electricity acts in preventing a recur-

rence. It may be that it influences the surrounding parts by stimulating healthy nutrition—the secretion and formation of healthy cells, instead of the *mistaken* cells which form a cancerous growth; or it may be that after electrolysis, the absorbents are placed in such a condition that they are unable to take up and replant any of the few cancer-cells that may accidentally remain; or possibly it may be that the wound, after electrolysis, has to heal by granulation instead of by the first intention, and on that account there is not so much probability of the disease being regrafted at the time of the operation. I am much inclined to hold the first theory, and for that reason, after the electrolytic slough has come away, make repeated applications of the galvanic current (negative pole) to the healing ulcer. This course may be the secret of success; at any rate it very greatly hastens the process of cicatrization, and prevents contraction of the tissues taking place. In the case of very large growths, or where a large bloodvessel would be included if a slough were caused, or where from the position it is impossible to remove the whole of the diseased mass by electrolysis, I sometimes use Richardson's serrated scissors for its removal, and then thoroughly electrolyze the wound, leaving it quite open to heal by granulation; and during this process continue to make applications of the galvanic current as above mentioned. This treatment I have reason to be satisfied with in every respect.

Now as to the mode of procedure: should we decide to remove the growth by electrolysis, the first object to be attained is to so interfere with the blood-supply, as to cut off the nutrition of the diseased mass *in toto*, so that it will slough out. Anything short of this will not do; it will only irritate and do mischief. In order to

attain this end, the best way is to transfix the healthy tissue beneath the growth with several fine uninsulated needles; these must be parallel, and of such a length as to reach through the entire diameter of the part to be removed, and must be placed close together, the closer the better. These should form the terminal of the negative pole of the battery, the positive pole being terminated by one or two thick platinum needles thrust into the body of the growth. The current is now gradually allowed to flow until the maximum intended to be used is introduced, and at this strength it is continued until the effect required is completed. The first noticeable effect is the bubbling of a frothy viscid material through the needle openings, alongside the needles (the mixed gases liberated through the electrolysis of the water of the tissues bubbling through the partially coagulated albumen). After a few moments it will be seen that a whitish-gray eschar has formed around each negative needle. This is most readily observed when the skin is intact. These separate eschars grow larger and larger in diameter as the operation progresses, until finally they coalesce. When this result takes place, we may conclude that the part has been sufficiently acted upon, and that the blood-supply has been entirely cut off. We may now carefully withdraw our needles. The negative ones will be found to have become quite loose, and will almost fall out themselves. The positive, on the contrary, are more difficult of removal, and firmly adhere to the textures in which they are imbedded. After removal, the openings made by the positive needles are much more inclined to bleed than those made by the negative. The hemorrhage, however, seldom amounts to much, and may usually be controlled by pressure on the bleeding

points applied for a few moments with the finger. The chemical decomposition which occurs during electrolysis most of my readers are no doubt familiar with, being minutely described in all the textbooks on the subject; we will therefore omit any consideration of this here.

A tumor after electrolysis becomes considerably distended with the gases formed, which have no means of escape. A tumor formed of tissues which are not dense will sometimes become resonant to percussion. This distension subsides in a very short time, and the mass assumes a shrivelled appearance. The contiguous parts become somewhat inflamed, the patient's temperature rises one or two degrees, sometimes even more, especially when large growths have been operated upon. The pulse rises sometimes as high as 120, and within twenty-four to forty-eight hours falls to about 100. After the third day a distinct line of demarcation appears between the eschar and the healthy tissues, and in from eight to ten days the slough comes away, leaving a healthy granulating surface underneath. This ulcer now needs frequent mild applications of the galvanic current, with broad metallic or carbon electrodes, of sufficient size and of such a shape as will cover the whole of the denuded surface. This is, so far, the progress of the average case. Occasionally, however, I have seen the temperature rise to 105°, and the fever continue high for several days, in spite of the indicated remedies being thoroughly exhibited. Occasionally, too, I have seen the eschar become putrid, and require the use of antiseptics. As a precautionary measure, I am in the habit of snipping away as much of the eschar as possible about the third day, and dressing the part with a weak solution of zinc chloride, though I have never known

the slightest symptom of septicæmia to follow electrolysis.

As regards the definite amount of current to be used, there can obviously be no rule laid down, as that depends upon the size, density, and conductivity of the diseased tissue, and bears an inverse proportion to the length of time to be consumed in the operation. I am in favor of a moderate current, continued for a sufficiently long time, having reason to believe that such operations give better results than those in which very violent chemical action takes place. All such operations, of course, must be performed under an anæsthetic.

Cases of cancer, which although hopelessly incurable, may be palliated, and the pain much allayed, by the exhibition of electricity in another way.

One or two very fine needles (long harelip pins will answer the purpose very well) should be inserted into opposite sides of the tumor, penetrating well towards the centre of the growth; these may be painlessly inserted by the use of rhigolene or ether spray, as a local anæsthetic, or in many cases even without local anæsthesia being necessary. A very mild current should be allowed to flow through the tumor, the needles being the electrodes. One or two Daniell's cells or their equivalent will furnish amply sufficient electromotive force for any case. After the current flows a few moments, it is by no means unusual to find that the pain has entirely subsided, and that the weary worn-out patient has actually fallen asleep with the needles sticking in the growth.

It is only the first application patients dread. After one has experienced the soothing effect of the galvanic current used in this way, he will beg for its repetition and anxiously look forward to the time for the

next application. As regards the duration of each seance, we must be guided wholly by the sensation of the patient. As soon as the pain subsides the current may be discontinued. This result usually takes place in from five minutes to half an hour, and the beneficial effects last from a few hours to several days. It needs hardly be said that as long as the patient remains free from pain the application should not be repeated, but each return of pain may be combated by a repuncture. Each successive puncture should be made at a new point, for if made every time at the same point, we soon have an eschar formed, and fistulous openings corresponding to the tracks of the needles made in the growth, which only add to the suffering instead of diminishing it.

Once in a while we see more than a mere transitory benefit from this treatment; after a few applications the diseased tissue assumes a shrunken appearance, and the patient's health improves in a marked manner. I have not seen much benefit arise from the external application of moistened electrodes, but where the surface is ulcerated, much good may be done by using flat metallic electrodes applied to the ulcerated surface instead of making punctures with needles.

In all cases the galvanic current is the form to use, as no possible good can come from faradizing the part, as many are in the habit of doing.

FIBROID TUMORS.

Of course it is quite possible to destroy any benign growth by the treatment just described, but such a course is never necessary. Fibrous tumors may be treated electrically by one of two methods, at the discretion of the surgeon.

1st. By forming an eschar within the growth of a sufficient size to act

as a foreign body; this excites supuration, the tumor becomes an abscess, and the pus is evacuated, etc.

2d. By producing several small coagula within the growth, not sufficiently large, however, to cause supuration; but large enough to lessen nutrition and hinder the blood-supply. Repeated operations of this kind will cause a tumor to become absorbed. There is no doubt that fibrous tumors have been dispersed by simply passing a galvanic current through them without puncture; this method is, however, uncertain and unsatisfactory, and under any circumstances needs long-continued and tedious treatment, and very frequent seances. If, in a given case, we decide to employ the first-mentioned method we introduce several needles insulated to within about half an inch or an inch of their points (according to the size of the growth) into the body of the tumor, as near to the centre of the growth as possible. The needles should be close together, but great care should be taken that they do not touch each other. One or two of these needles should be connected with the positive pole, and the remainder with the negative. Enough of current should be allowed to flow to produce an eschar of the size we desire in a given time. This must be carefully calculated, for if we use too much current, or protract the seance, we slough out the whole growth and perhaps some of the adjacent tissues. If too little, the object is not attained. An anæsthetic is not always necessary, but the part should be sprayed while the needles are being introduced, in cases where an anæsthetic is not used.

In instances where the second method is the chosen one, as it generally is, we should proceed as follows: Insert several insulated needles within the growth, as far apart as pos-

sible, but as nearly equidistant as practicable; the insulation should penetrate well within the skin or mucous membrane, but it is of course essential (considering the objects in view) that the needles should have long uninsulated points. One of the needles may now be made the positive terminal, and the others the negative; or each alternate needle may be attached to one pole, and the remainder to the other, at the option of the operator. The needles attached to the positive pole should be made of platinum, otherwise there is much difficulty in removing them; besides, secondary electrolytic action takes place, which tends to suppurative action around the tracks of the needles, which, of course, should be avoided. We only require a mild current, regulated in strength according to the work to be done, that is, to the size and number of the coagula we wish to produce, and as that altogether depends upon the size of the tumor, it is obvious that no explicit directions on this point can be given, as it is impossible to average such matters.

This operation has to be repeated again and again at intervals, until the desired result is attained. There is never much inflammatory action after a properly performed operation, but always some; and I make a practice of always waiting at least a week after the inflammatory symptoms of one operation have subsided before making a second. This method is applicable to fibroid growths in any part of the body. I have successfully treated many uterine fibroids, both submucous and subperitoneal, by its use, as well as fibroid goitres and tumors elsewhere attached.

FATTY TUMORS.

Although it is quite possible to destroy these tumors by electrolysis, it

is not by any means to be recommended as the best mode of treatment; for fatty tissue, conducting electricity only through the medium of the small amount of water it contains, is a very poor conductor, and can, therefore, scarcely be called an electrolyte. It follows from these facts the tension of current requisite to produce even a very small eschar must be very great, and the length of time consumed in an operation proportionally great. These facts in themselves would not be serious objections did removal of such growths by electrolysis possess any manifest advantages over excision; but as enucleation by the knife is a very simple operation, by which the whole of the adventitious mass can be at once removed and the tissues covering the growth immediately brought together, which unite generally by the first intention, so I venture to doubt that any instance ever occurs where it is at all desirable to remove these growths by electrolysis.

ADENOID TUMORS.

Electrical treatment of these tumors may be undertaken with one of three objects in view:

1st. To promote absorption and stimulate the normal nutrition of the part.

2d. To produce small eschars within the growth, which shall act as barrier to the free blood-supply, and so cause a diminution in size, and finally absorption.

Or, 3d. To cause it to terminate in an abscess in the manner previously described under the heading of "Fibroid Tumors."

The details of the treatment require to be essentially modified according to the end we wish to accomplish.

When we desire merely to stimulate absorption, and use the catalytic effects of the current, we simply apply

a moistened electrode (negative) on the tumor, the electrode being of such a shape and size as to cover the entire growth, and the other electrode upon the skin adjoining. This latter should be constantly moved in a direction around the growth during the seance, and not allowed to remain long on one part. Daily seances give the best results.

The secondary induced current has made several cures, and is preferred to the galvanic by many authorities.

If this treatment succeeded in all cases, it would of course be the most preferable mode of operating; but very often it will not. It then is a question to be decided by the surgeon, whether in a given case it is best to make several small eschars within the tumor, and repeat the operation several times, until the end is accomplished, or make one large eschar which will cause the growth to suppurate. The mode of operating with either object in view, is essentially the same as that described in speaking of the treatment of fibroid tumors; but adenoid tumors yield to the action of the current much more readily than do fibroids, therefore we do not need to use so much current in an operation on the former; and we should take great care when operating with the result of the second mode of procedure as our aim, lest we cause the whole growth to slough out, by using too strong a current, or unduly continuing its action.

CYSTIC TUMORS.

In a previous article I alluded to the treatment of cysts with serous contents and their successful treatment by electro-puncture. We will now, therefore, only consider those with pultaceous or semi-solid contents.

These are difficult growths to electrolyze. I mean to so electrolyze as

to destroy the sac and contents without at the same time destroying the skin covering the tumor. Electrolysis of the contents of the sac will not do. If the sac is not also destroyed, it will refill, and so cause a reappearance of the tumor, and if the sac is a thick one, as it so often is, by using a more powerful current than is requisite we cause an eschar of the surrounding and superjacent tissues. I do not know of any rule by which to hit the happy medium, except that taught by long experience. Nor do I know that electro-puncture has any advantage over excision, except that it is not so much dreaded by a nervous patient.

ULCERS.

So far we have only discussed the destructive action of the current. We now have to consider it from another point of view. It is well known that electricity has the power of evoking function, of stimulating functional activity, of promoting healthy nutrition. With these objects in view, it is often made use of in the practice of medicine. In surgery, in the treatment of indolent ulcers, these effects are apparent. Under the influence of the galvanic current, old-standing indolent ulcers, that have resisted almost all kinds of treatment, seem immediately to take on healthy action, granulations spring up, and cicatrization advances in a manner little short of magical. Now as to the mode of using the current. There are numerous methods described in the various textbooks, all of which are of more or less value. There is one, however, that has not been described, and one which I prefer to all others; it is carried out as follows: I apply a piece of rather thick tinfoil to the ulcer, which it should accurately fit. Another piece of foil covered with moistened lint is applied to an adjacent surface;

the first piece of foil is now made the negative pole of a small chloride of silver cell, and the other piece of foil the positive terminal. The part should be bandaged so as to retain the pieces of foil in their places, and then the current allowed to flow. The application may be continued for hours or days, as the indications require. A plumbago rheostat included in the circuit answers admirably to regulate the flow of the current. The sensation of the patient is here the safety-valve and galvanometer. The current should not be perceptible to sensation, but should be kept just below the point at which burning is felt. If there be the slightest burning sensation there is too much current flowing and destruction of tissue going on. The rheostat regulates this to a nicety, and after a little instruction the treatment, to a great extent, may be safely left in the hands of an intelligent nurse, or of the patient himself.

ARSNICUM.

WM. P. WESSELHOEFT, M. D.

Peterb., Me.

Louis Emmel, æt 34, pale, hollow-cheeked, blue eyes, a cigar-maker. Been in this country two years, ailing ever since. Is now so weak he can hardly walk to my office. Cough, particularly after midnight until morning; usually gets no sleep after one o'clock; disgusting taste of the yellowish green expectoration, which is quite profuse, after coughing a while; aching pain in the upper right lobe. Pain is worse when coughing. Perspires profusely after midnight, and

while coughing extreme thirst for cold drinks, particularly for cold milk; wishing to drink very often but not much at a time; no appetite. Half of the upper right lung, dull on percussion; gurgling, rattling sound, under right clavicle, as if from a cavity; pulse 100.

Ars. 1 m, one dose Fincke.

Five days later reports improvement. A month later got another dose of Ars. 38 m, and continues to improve. Patient weighed 120 pounds when first saw him, Sept. 9th, and a few weeks later he weighed 134. His general improvement is so marked that there is good reason to believe the lung will gradually heal.

EXPERIENCE WITH ERGOTINE.

MARGARET A. BOSTWICK-MOUNT, M.D.,
New York City.

In the May number of that excellent journal, *The Homœopathic Journal of Obstetrics*, etc., I read an article by Dr. Hale, "On the value of Ergotine in preventing the flow of Milk into the Breast." Shortly after I was called to a woman who had, contrary to my advice, taken 1 oz. of castor oil at 10 A.M., which produced contraction of the uterus about 4 P.M., and did not act as a cathartic, when she felt a short sharp pain in the epigastric region, followed by a gush of water; after walking quickly across the room two quarts were caught in a pail, and in a few moments short but rapid pains followed. I arrived at 5:30 P.M., and on making a digital examination my fingers encountered an abnormal something just at the

opening of the vagina, which proved to be a prolapsed cord. I found the os quite rigid, the dilatation being only about the size of a quarter of a dollar, and the head of the child pressing close down. I placed her in the knee-chest position and made every effort to replace the fallen cord, but without avail. Labor came on rapidly, but before the head of the child had descended into the superior strait the cord had presented externally swollen as large as my fist and pulseless. Under these circumstances I had to accept the position and be satisfied with a dead baby only.

Thirty-six hours later I commenced administering the ergotine pills exactly according to Dr. Hale's directions.

The night of the third day for two hours the mammary glands became slightly swollen and painful. I applied a Belladonna plaster and binder completely around the body and directly under the armpits, which supported the pendant glands, and so relieved my patient that she slept in a few moments; from that time there was no pain nor swelling and no signs of secretion of milk. Two weeks from the date of her confinement she called at the office and said she never was so well after a confinement.

I feel much indebted to Dr. Hale for my success in this case, and am happy to know of a remedy that will save me much anxiety and my patients extreme suffering.

ANGER FROM VULCANITE PLATES IN DENTISTRY.—In a recent paper in the *American Journal of the Medical Sciences* Dr. Sexton states that vulcanite plates (worn in the mouth) produce diseases that are frequently the source of reflex aural disease.

TEST FOR SUGAR.—A very convenient agent for the test of urine sus-

pected of sugar is now prepared in the form of a tablet, and easily carried in the pocket-case.

A MECHANICAL WONDER.—During the recent Applied Science Exhibition, Paris, a diploma of honor was awarded to Court de Beaufort by the Society for the Aid of the Mutilated Poor for the best display of artificial limbs. Among the exhibits was a carpenter who had artificial arms, but was to be seen daily working at his trade; also a girl, in the same condition, who sat knitting, much to the satisfaction of the spectators.

There is at last an Anti-Vaccination Society in New York, though hostility to the prophylactic method has for some years taken that form in England. The Society occupies the ground that faith in vaccination is a popular delusion; that statistics prove that it is not to be relied upon; and that in spite of it small-pox still rages more or less in all countries, no matter how generally vaccination has been resorted to. There is nothing new in this. It was long ago discovered that vaccination is by no means the sure and absolute preventive which it was at first enthusiastically supposed to be. But in spite of exceptions, there is no doubt that upon its introduction it did diminish the virulence of the disease. The new Society takes issue, however, upon the assertion that the amount of mortality from small-pox bears a fixed relation to the extent of vaccination. It denies this, and asserts that the disease has increased even after vaccination has become compulsory; while the process has been followed by deplorable effects upon the human system. The question can only be settled by an abandonment of vaccination, which, at present, seems to be hardly probable.

AMERICAN HOMŒOPATH.

A Monthly Journal of Materia Medica, Therapeutics, and Sanitary Science.

Charles E. Blumenthal, M. D., LL. D.

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EDITORIAL.

H. C. ALLEN, M.D., has received the appointment of Professor of Materia Medica in the Homœopathic Department of Michigan University. We commend the choice of the Regents in selecting so able a gentleman to fill this important chair. Dr. Allen is a close student of our Materia Medica and has already shown himself to be an accomplished and successful teacher. We wish and predict for the doctor an eminent success.

BOOK REVIEWS.

MATERIA MEDICA AND THERAPEUTICS. By Charles J. Hempel, M. D. and H. R. Arndt, M. D. Chicago, W. A. Chatterton; New York, A. L. Chatterton Pub. Co.

Possibly every physician who has been obliged to seek through the

bewildering conglomeration of symptoms yclept the Homœopathic Materia Medica for the distinguishing symptom that was to guide him in the choice of a remedy, has anathematized the deficiencies, or rather the *embarras de richesses* that confront him, (and which makes it, as a fellow student complained, terribly disconnected reading,) and has built up in his mind an ideal materia medica which shall be just what he wants. We know that we have, and in consequence we hail each new materia medica as the possible revelation.

Setting aside the importance of the absolute accuracy required of every symptom given, and which goes with the saying, there are two great needs the materia medica is called upon to supply. In the first place an ideal materia medica is one to which the busy practitioner can turn when in doubt in any case as to the remedy required, with the certainty of finding without an unnecessary expenditure of time and labor, just the information he wants to solve his doubt, and in the second place, this information needs to be put in such shape that the tyro in Homœopathy will not be discouraged from its study. The materia medica is of necessity the back bone of our system of practice and requires an amount of study it very rarely receives on account of the difficulty it presents at the outset. We can well remember the doubts and difficulties which assailed us when beginning our professional studies and our perplexities over primary and secondary symptoms, direct and reflex actions, drug and disease conditions until we began to think that the Homœopathic Materia Medica like man was fearfully and wonderfully made, and that our best course was to forswear it altogether and return to the simple faith of our fathers. The difficulty has heretofore been, that

symptoms which in themselves are neither diagnostic, prognostic, or therapeutic, but which are common to many diseases and to many remedies have been retained, and those of physiological and pathological value have been omitted, and those retained have been arranged anatomically, the convenience of which we admit, but which has the demerit of widely separating symptoms which naturally fall and should be studied in groups. In consequence our *materia medica*, instead of the living tree instinct with vitality offers us a heap of dried leaves out of which with infinite labor and patience we may evolve a possibly correct idea of the original structure. We are given a mass of detached symptoms instead of a picture of the remedy sharply defined, that we can remember and recognize in the conditions of disease. That such a *materia medica* is not impossible, is seen in the fact that we all have, more or less, in our minds certain states or conditions of disease which we always associate with certain remedies and in which the group and not the isolated symptoms are presented.

Hempel's *Materia Medica* we believe from our examination to attain nearer these points than any we have yet seen and that it will be a boon alike to the student and practitioner. It is full and comprehensive but not too much so, and its chief demerit in our eyes, lies in the fact that it does not go as far as we would like to see into the analysis of drug action, showing that the apparent contradictions so often seen in the symptoms of a remedy are but the one manifestation of an invariable law. There is a reason for everything and though we cannot explain the why, the how can often be unraveled and the action of the drug understood and hence more intelligently administered.

It was for a long time a puzzle to

us, how the febrile condition of Aconite, evidence of increased action, was reconcilable with the premonition of death, indicative of profound depression of the centers of organic life, the tingling of the nerves, and the lack of power pointing to nervous exhaustion. All indicating widely different conditions but all curable with the same dose. It was not until we realized that the sphere of the action of Aconite was upon the ganglia of the vasomotor and sympathetic nerves, and that it was in action a simple depressant, that we saw there was no contradiction, but complete harmony. The increase of the heart's action being due not to a stimulus given to the par vagum but to a relaxation in control coming from the cardiac plexus, a taking off, as it were, of the governor and letting the machine run not. The dropsical conditions, the nervous tinglings, the local inflammations, and the depressions of Aconite are but a repetition of the same effect depending for its manifestations upon the particular ganglia acted upon, and we can see why from its action on this or that ganglion, such or such results must necessarily follow, and may hence see the more clearly when Aconite is the Homœopathic remedy.

As a whole we find much to commend in Hempel's *Materia Medica*: The general arrangement is excellent, and the outline of the drug, as roughly sketched in by the Allopathic school in their observations and experiments, is shaded and filled in by the finer touches of Homœopathic provings and recorded cures, presents a *tout ensemble* that remains in the memory. The older remedies have all been revised, many of them condensed and others rewritten, and a large number of new remedies which have shown their value in the treatment of disease, added. The typography and press work are admirable

and leave nothing to be desired and the physician who has a copy is certain of a valuable and handsome addition to his library. U.

LITERARY NOTE.

The memorial recently presented to Mr. Gladstone, urging him to do all in his power for the absolute abolition of vivisection, was signed by "one hundred representative men," among them Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head-masters of Rugby, Harrow and seven other large schools, twenty-one physicians and surgeons, and thirty-seven peers, bishops and members of Parliament. The memorialists take the ground that vivisection, even with anæsthetics, should by law no longer be allowed, and they quote the opinions of Sir William Fergusson, Sir Charles Bell and Dr. Syme, that "it has been of no use at all, and has led to error as often as truth." They add that the utility, if proved, would not, in this case, excuse the immorality of the practice.

Dr. Leffingwell's paper. "Does Vivisection Pay?" which recently appeared in *Scribner's Monthly*, excited much discussion among London papers. It is said that Dr. Wood's reply, in the September *Scribner*, presents the other side with equal force.

ARSENICAL PAPERS AGAIN.

DR. USSHER.

Wandsworth, Eng.

Few delusions are more strongly rooted than the belief in the innocu-

ous, and sometimes an averment is made as to the beneficial character of these home pests. Only yesterday a builder laughed at the idea of expensive papers containing aught of a detrimental nature; the cheap and common may be avoided; and so would the grand, if they were labelled like the bears, dangerous. Two cases within a short interval of each other mark in strong lines the danger of disregarding a subtle foe like arsenic. In the subject of one there was delicacy for several months. One doctor said he was blood-poisoned, a part truth; but as the young fellow was thinking of early matrimony, I was asked to pronounce on the state of his lungs ere he entered the other state. He has been constantly expectorating blood, bright blood too, and I expected to find a lot of mischief, but there was utter absence of it. Whilst I was using the stethoscope my eye rested on the wall; there was the evil—a bright common green—not much of it, as people say but *so* green. The mystery was explained; he at once slept out of the room; his sufferings lessened, and the paper was removed. I find on inquiry that a female who occupied the room months back was always ill when there. How could she be anything else? He had no more expectoration of blood when he occupied another apartment. No. 2 case was in the person of an old man of good health, who, after two months' occupation of the room, became suddenly ill, and passed large quantities of black and green-black blood, with stool intensely fœtid; he was alarmingly weak and restless, as well as sleepless, and with the dysentery were associated severe burning rectal pains. The paper in his room was a spray of green. I gave him Cinchona, and removed him at once. The bleeding of a week with danger to life was gone in twenty-four hours.

His wife was also very weak and her mouth ulcerated. The landlord was very abusive, and wrote to know my authority for the statement, for I added to the caution that, if death ensued, I should put arsenical paper as the cause of death on my certificate. My authority, I told him, was the analysis of the paper, and the analysis of the symptoms, and if he wanted publicity he should have it. In the meantime the paper was taken down and put in a back place and the cat shut up in the room. Next morning the cat was dead and stiff—and this was the harmless paper that a chemist *licked* and pronounced safe. I wish that he had swallowed some of it—no test could have been fairer. No. 3 case is a suggestive one. A young gentleman has intermittent fever, with indications for Arsenicum, and Ars. 6 relieved them. They are very persistent, and I find that some twelve or thirteen years back the other children (two) had like symptoms, but no others in the family. To me the cause was clear. An intensely green chintz formed the curtain in the bedroom. The gentleman of the house pooh-poohed the matter, he was well enough. And so he was, for he was absent all day, and on his return smoked like a chimney. What a pity she could not have antidoted her arsenic in a like fashion, instead of years of long suffering “peculiar to her sex.” Nor have I the slightest doubt that the old chintz was the factor in the past illnesses of these children, and in her own. The bodies of tender children are far more susceptible to noxious vapors than adults.

A fourth case in the same month was greatly aggravated by new Venetian blinds, which, after warning were at once ejected from the bedroom. In this patient there was great mental distress and bodily weakness, ending in slight paralysis of right arm and

leg and left arm, uterine distresses, and leucorrhœa.—*Homo. World.*

THE SUPERIORITY OF HOMOEOPATHIC OVER ALLOPATHIC TREATMENT IN CERTAIN FORMS OF CHRONIC DISEASE.

A. C. CLIFTON, M.D.C.S.

Nottingham.

In a paper on this subject, written last October, the medicinal treatment of the disease called “Ozæna” was chosen in support of the proposition. Circumstances have prevented the completion of the paper till the present time, and as so long a period has elapsed, it will be as well, to briefly recapitulate the principal points then brought forward. On that occasion I endeavored to give in a brief and plain manner—first, a description of the disease “Ozæna,” its nature, course, and symptoms, showing that it was essentially only the local manifestation of a more general or constitutional unhealthy condition, and was frequently inherited, although in its fresh development it might assume a different aspect to what it did in the parents; secondly, that the orthodox routine medical treatment of this disease by tonics and alteratives, such as quinine and iron, iodide of potassium mercury, etc., and by the topical application of styptics and escharotics to the nasal passages and the throat, was both unscientific and futile, the local symptoms of the disease being by such means merely *suppressed*, and reappearing in a short time, either in the same part or in some other organ or tissue; thirdly, that the superiority of

the homœopathic medicinal treatment of Ozæna lay in the fact that the local manifestation of the disease was not suppressed by topical applications, but that the general or constitutional (including the local) symptoms were treated, and that not in a routine way by so-called tonics and alteratives, but by drugs that are known to produce a similar morbid condition when given to persons in a state of health, the choice of such drugs having not only a bearing on the hereditary or other causes of the disease, but to its various phases of development in different persons; or in other words, the patient is treated rather than the name of a disease, the result being (in the majority of cases) a cure of the whole unhealthy state, or if any return of the symptoms takes place, these only to a slight degree, so much in fact as would be natural where organs or tissues have been accustomed to undue secretion for a number of years.

On resuming the subject, and in support of the proposition already advanced, I would say, that it is not my intention to do more in the first place than mention the most important remedies, or such as I have found most beneficial in the treatment of Ozæna, and secondly to give the history, symptoms, and treatment of a few of the worst and most marked cases which have come under my observation during the last twelve years, and prior to 1877, the results, therefore, of such as can be fairly estimated.

First, "The Remedies."—Those found most useful have been Aurum, Calcarea Carbonica, Hepar Sulphuris, Hydrastis, Kali Bichromicum, Kali Hydriodicum, Mercurius Corrosivus, Mezereum, Silicea, and Sulphur; the next in order, and in a less marked degree, have been Asafoetida, Cistus Canadensis, Conium, Elaps Corallinus, Graphites, Lachesis, Phosphorus, and Phytolacca. The only topical or

local applications have been lotions composed of Glycerine and water, solution of Permanganate of Potash in water, warm Arrowroot or Starch water, and these were only used for the sake of cleanliness or comfort to the patient.

CASE I.—This was fully reported in one of our medical journals six or seven years ago; only a very brief history will therefore be given of it now, and is, indeed, brought forward mainly on account of its great severity, its long duration, and the fact of its remaining cured up to the present time, with the exception of a slight return on three occasions, when the same medicine which acted curatively before was found to act so again.

The patient was a lady thirty-two years of age, the disease had existed for very many years and was getting worse, she had previously undergone a long course of hydropathic treatment, without benefit, had also been under various allopathic physicians, the result being a gradual deterioration of health from the internal drug-ging, and the local disorder only checked so long as sundry topical applications were used in the form of lotions, gargles, medicated sprays, etc. On first coming under homœopathic treatment the patient said her life had become wearisome to her, on account of the fœtid odor emanating from her nose and throat, which was so repulsive that no one would be near her; making even the air of a room where she might be unbearable to others. The odor therefrom was like putrid herring pickle; her nose and throat were dry and stuffy, and the latter presented an appearance to the eye like the yellowish-green scale of a lizard. From these parts there was frequently thrown off greenish-yellow flakes or crusts. There was a constant putrid taste in the mouth; the tongue was sore; hearing defective; the skin

generally was hot, harsh, and dry; she *never* perspired; the pulse was 140 per minute, and general emaciation had been going on for some time. For the long space of two years she was under homœopathic treatment. It is needless to mention all the remedies that were tried, more or less bearing on the case, but with the exception of two, viz., Baptisia and Lachesis, none of them appeared to make any appreciable change in her general or local condition. Her general health was certainly improved, but the pulse continued as quick, the skin was as hot and dry, and there was still much offensive odor from the nose and throat. At that time I had recently seen a curative result, from another medicine, Elaps Corallinus, in a different but very chronic case, where the characteristics were frequency of pulse, heat and dryness of skin, and offensive discharge; that medicine was therefore now given in this case in the 6th centesimal dilution, with the pleasing result of completely curing it in about six to eight weeks; and with the exception of three or four slight relapses since, the patient has remained well up to the present time.

CASE 2.—E. J. aged seventeen, female (March, 1874); father living and well; mother died of cancer of breast. The patient when a child frequently suffered from a cold in the head, and stuffiness of the nostrils, in other respects was well. About three years ago there was an increase of obstruction in the nostrils, and discharge of much thick greenish or yellowish matter therefrom of an offensive character. The odor from her nose was very perceptible to persons near her. She could not sleep with her mouth shut, there was much frontal headache, she suffered from indigestion, milk disagreed with her, had much dislike to animal food; her bowels

were very constipated, and never had them moved without aperient medicines. She had been under allopathic treatment, taken quinine and iron, cod-liver oil and aperient medicines, and had used alum and other injections to the nostrils, which caused so much pain she was obliged to discontinue them. For this condition of things I prescribed over a period of four months Sulphur, Hepar Sulphuris, Phytolacca and Graphites, with but little benefit. Hydrastis was then given in the 1st decimal dilution three times a day; this was continued more or less for two months, at the end of which time she was in every way well, with the exception of slight stuffiness of the nostrils.

CASE 3.—June, 1874. A J., male, aged twenty-four, had suffered several years from Ozæna; been under allopathic treatment without benefit; had been apprenticed to a draper, but owing to the offensive odor from his nose was obliged to give up the business, and went to work on a farm; the outdoor employment improved his general health, and headaches which he formerly suffered from became less severe. When a child he suffered from an eruption at the bends of the elbows and back of the knees; he also had abscesses about his neck, and his relatives, several of them, had died of consumption. On coming under homœopathic treatment there was the usual offensive discharge from the nostrils and odor therefrom, dryness of the throat, headaches, his teeth were very decayed, and he often suffered from pain in them. Hands and feet were always cold. Sulphur, Calcareæ, Cistus, did much good to his general health, but Mezereum in the 1st centesimal dilution permanently removed all traces of the local disorder, and I have reason to believe there has been no return of it since, now five years ago.

CASE 4.—March, 1870, E. H., female, aged fourteen; mother died of internal cancer, other members of the family are healthy. Patient has always suffered from some obstruction in her nostrils and frequent *bleeding* from the nose, and slight deafness, hoarseness and dryness of the throat; desire "to clear up;" has had two severe attacks of bronchitis, lost flesh, and consumption feared; has been to the seaside without benefit. The discharge from the nose and disagreeable odor have much increased lately; she has frequent headaches from the nose to the forehead, only relieved by clearing the nostrils of hard, dry pieces of mucus; her hands and feet are cold and damp, she perspires all over the body in bed, especially after five in the morning. Sulphur, Calcareo Carbonica, Phosphorus and Silicea did great good to her general condition. After these Mezereum was given, which cured the offensiveness of the discharge from the nose, but much stuffiness of the nostrils remained, and dry crusts often had to be removed; then Conium 1st centesimal dilution was given for a month, followed by Calcareo and Silicea, and under these medicines she recovered a fair amount of health, but with disposition to consumption; this, however, has not taken place to the present time, nor has the local disorder Ozæna returned.

CASE 5.—A girl aged ten years, of nervous temperament, spare habit of body, has never been strong and well, had bronchitis several times, easily takes cold, never free from a cough except in summer. She is a poor eater, but fond of pastry and sweets; the bowels act irregularly, there being either diarrhœa or obstinate constipation; she sweats about her head at nights; her hands and feet are cold and damp, winter and summer; the teeth are decayed and the front teeth notched and as if they were worm-

eaten; she suffers from headache if confined to school exercises; her nose is always stuffed and sore, and there is a very offensive discharge therefrom; her tonsils are enlarged, so that she snores in her sleep. For these symptoms she was treated homœopathically eighteen months. The medicines most useful were Sulphur, Calcareo, Carbonica, Mercurius Iodatus, Hepar Sulphuris, Staphysagria and Aurum. The child is now comparatively well, there being a natural delicacy of health, a disposition to take cold, and some enlargement of the tonsils remaining.

CASE 6.—Was a very obstinate one, continuing a long time under treatment, medicines chosen evidently not being homœopathic to the condition of the case, therefore necessitating a fresh study; it was, however, finally much benefited by Kali Bichromicum, Kali Hydriodicum and Phytolacca.

CASE 7.—In addition to the symptoms pertaining to the nose, there was offensive discharge from one ear and partial deafness, large and foul ulcers on the legs, and frequent diarrhœa. Sulphur, Arsenicum, Hydrastis and Mercurius Corrosivus did much good, but Asafoetida of the third decimal potency was most efficacious in restoring the patient to a fair measure of health and strength.

CASE 8.—Was of shorter duration, the chief characteristics being bleeding from the nose, hoarseness, sore throat, loss of voice, cough with expectoration in the morning, indigestion, constipation, rheumatic pains in various parts of the body, these being worse when other symptoms were better. Phosphorus and Kali Bichromicum were the principal remedies which cured this patient.

CASE 9.—Ozæna, with incipient pulmonary consumption, much benefited by Phosphorus, Hydrastis, Arsenicum Iodatum, Silicea, Calcareo Car-

bonica and Sulphur. Patient, though not well, is better of the offensive discharge and is stronger in general health.—*Ibid.*

AUTO-INOCULATION AS A MEANS OF DIAGNOSIS.

DR. LEON SIMON, *M.D.*

of Paris, France.

The following is a case illustrating the value of auto-inoculation in the diagnosis of non-syphilitic chancre:

On the 5th of January I was consulted by a gentleman, himself a member of the medical profession. His chest was covered with large groups of spots, unequal in size, brown colored, slightly squamous, and accompanied by considerable itching. I diagnosed the case as one of "*Pityriasis Versicolor*," when he told me that he feared it was a syphilitic eruption, as he had a chancre at the same time. On examination I found a single venereal ulcer on the frænum preputii, with enlargement and slight tenderness of the lymphatic glands of the groins, but with no tendency to suppuration. There was no induration about the borders of the ulcer.

The patient said that an ulcer first made its appearance in the year 1872; and that the ulcer had been diagnosed as syphilitic by Dr. Noack of Lyons. This had been followed by enlargement of the lymphatic glands and severe headache, which were rapidly relieved by homœopathic treatment.

The present ulcer had appeared on December 18th, and the patient feared he had been reinfected with primary syphilis.

I assured my *confrère* that the eruption on the chest was nothing more than *pityriasis versicolor*, and pointed out to him that it was quite possible for a herpetic eruption to coexist with a venereal but non-syphilitic ulcer. I added that there was but a single case of relapse of primary syphilis known to the profession, and that therefore it was most probable that this ulcer was only venereal and not syphilitic.

As the non-syphilitic ulcer, or "chancre mou," was auto-inoculable, I advised the patient to inoculate himself with the serosity of his own ulcer, as the only way of thoroughly satisfying his mind by an accurate diagnosis. This he did the same day, inoculating his left fore-arm before taking any medicine. The following day a papule appeared on the spot pricked by the lancet, and the operation succeeded so well that, as will be seen, the artificial ulcer was more difficult to cure than the original one. This completely negated the existence of syphilis.

On January 12th I prescribed Acid. Nitric. 3.

On January 14th he attempted a reinoculation without success; probably the remedy neutralized the effect of the inoculated virus.

On the 17th, there being no improvement, I gave Arsenicum 5, but without much effect. The original ulcer was healing, but that on the arm was spreading.

On January 29th I ordered Merc.-Solubilis 6, and cauterized the arm with Nitrate of Silver. A few days after the skin was completely restored. The chest eruption still continued to break out and disappear alternately, and thus showed itself quite independent of the venereal disease.—*Ibid.*

ON PHOSPHORUS IN ORGANIC DISEASES OF THE EYE.

DR. MOORE,

Liverpool, Eng.

A lady, aged forty-four, the mother of a family, and who belongs to a family subject to rheumatism, and has herself suffered from rheumatic attacks, gradually found the sight of the left eye becoming weak, without any external appearance of change in the eye. In 1873 she was led to consult a London oculist of celebrity, who diagnosed her case, after careful examination with the ophthalmoscope, as one of glaucoma with "detachment of the retina," gave a very unfavorable prognosis, and advised very little to be done; and that little did not produce any amelioration of the sight, which eventually was quite lost. In November, 1876, caught cold from east wind, which struck in on the bad eye, causing very intense inflammation and swelling of the eyeball, with great pain of a throbbing character—photophobia and effusion throughout all the visible tissues of the eye. Begun the treatment with Acon. and Bell., following with Merc.-Cor., K. Hyd., and Causticum, as each medicine appeared to be indicated, but with only very partial results. At this stage I consulted with a local celebrated oculist, who went into the whole case thoroughly, and after prescribing Atropine Drops, to be used twice a day, and Atropine Ointment, to be rubbed on and around the margin of the eye, he deliberately advised the excision of the eyeball as the only method of saving the sound eye, and the sooner the better. To this both patient and doctor were adverse, unless the necessity were absolute. I then begun afresh to study the records of our speciality in medicine, and saw

from the *British Journal of Homœopathy* that Phosphorus had been found in such cases of signal service. The cases were recorded by Dr. Dudgeon.

I resolved to give my patient a chance before the excision took place, and began with Phos. 3x, and persevered with it for several days, the only intercurrent being a dose of Bell. occasionally, I found gradual improvement result, and this happy change continued steadily, there being daily improvement, till the eye was quite as clear as it was before this attack, and no operation took place nor was needed. It took, however, over two months to complete a cure.

I may state here that I changed the dilution of Phosphorus from 3x to the 3c, and to the 6th, but continued the medicine till the patient was completely restored. My little story is not yet told. November, 1879, viz., three years from the above attack, in the same month, she was again threatened with a similar attack. She applied early, of course, and I attacked the disease this time with a few doses of Aconite, then went to Phosphorus, our former friend, and without any intervening medicines, and she rapidly recovered, the only intercurrent medicine being an occasional dose of Pulsatilla, which I found indicated for some of the symptoms present.

The attack was subdued in three weeks, whereas the former lasted between two and three months, as aforesaid.

I bring this case forward as a proof of the power of Phosphorus in degeneration of the tissues of the eye, as its repute in other degenerations is admitted.

In its pathogenesis the eye symptoms are well marked; amongst them, "short-sightedness," "striking inclination to look only with one eye." Our high-dilution friends may find this to be a key-note symptom, perhaps. Cer-

tain it is that my patient had *only one eye* to look with, and that was the *sound* one, which I am glad to say is safe and sound this day.

A nice question arises relative to similar cases, viz., how far we are justified in trying medicinal means in such cases before resorting to the formidable operation of excision of the globe.

My experience of Hemœopathy in this and similar cases would lead me to give the patient a chance of preserving the organ *in situ*, even though useless as an organ of vision. The oculist may have been right from his standpoint professionally, as he viewed the risk of danger to the sound eye, and knew well that he had no means at his command that could subdue the inflammation without depressing the vital power, and thus rendering the sound eye excitable and liable to be attacked.

If any rule can be laid down for our guidance on such matters, I think it may be expressed as follows :

That as long as the sound eye remains strong, and the diseased eye der treatment improves, and the patient's general health keeps up, it is *safe to wait*; but on the least appearance of the sound eye becoming involved, and a condition of non-progress in the diseased one, recourse be had forthwith to the knife, but not before.—*Ibid.*

CHEMICAL NOTES.

THE DETECTION OF SALICYLIC ACID IN WINE AND FRUIT SYRUPS.—With the introduction of any new antiseptic into common use comes the necessity of a test for its presence. With a solution of chloride of iron, salicylic

acid gives a very characteristic violet coloration. In liquids of a red color, as wines and syrups, this test is of course inapplicable. In such cases Dr. Weigert extracts the acid with amylic alcohol, a substance insoluble in wines and dilute alcohol. He shakes 5 cc. of amylic alcohol with 50 cc. of the wine; then allows it to stand until the former collects on the surface, pours it off into a test tube, adds as much alcohol, and then a few drops of a dilute solution of chloride of iron. A purple color results when salicylic acid is present.

SULPHUROUS ACID.—The *British Medical Journal* reports the publication, by Professor Gangee, of a new and convenient mode of using sulphurous acid, the disinfecting qualities of which are universally known. Cold alcohol, the professor asserts, will dissolve 300 times its own volume of the gas; and a fluid possessing such powers of concentration cannot but be as efficient as it is portable and convenient. A few drops of the sulphuretted alcohol in the bottom of a trunk will disinfect any clothing that may be put into it; and fungous germs, such as must in casks, etc., may be destroyed by the use of a very small quantity.

DETECTION OF STARCH IN MILK.—The adulteration of milk by starch can be readily detected by the following method: Add a few drops acetic acid to a small quantity of the suspected milk; boil the milk, and after it has cooled filter the whey. If there is any starch in the milk, a single drop of iodine solution will give a blue tint to the whey. This process is so deli-

cate that it will show the presence of a milligram of starch in a cubic centimeter of whey.

TO PRESERVE AND RENOVATE RUBBER INSTRUMENTS.—It is well known that many articles and instruments made of rubber are apt to become dry with time, and to crack, grow brittle, and lose all elasticity. According to a Russian journal, this may be prevented by the use of a simple mixture of one part aqua ammonia with two parts of water, in which the articles should be immersed for a length of time varying from a few minutes to one half or one hour, until they resume their former elasticity, smoothness, and softness.

ANOTHER GALVANIC BATTERY.—Niaudet has devised a form of constant battery, well suited to open circuits, in which the chloride of lime (bleaching powder) is one of the exciting fluids. The couple consists as usual of zinc and gas-carbon. The former is immersed in a solution of common salt; the latter is placed in a cell of porous clay, or of parchment paper, and packed with fine pieces of carbon and chloride of lime. The cell is closed with a cork having an opening for pouring in water, so that its odor is not offensive. The zinc is not acted upon while the circuit is open.

THE MANUFACTURE OF KOUMISS.—Milk fresh from the cow is put into clean soda-water bottles, filled nearly to the top, tightly corked, and the cork secured with cord or wire. It is kept at a temperature of about 70° Fahr., and shaken every day for ten to eighteen days. It is fit to drink in ten days. By keeping it beyond eighteen days the quantity of carbonic acid becomes so considerable that a

siphon-tap must be used to decant it, otherwise the whole contents of the bottle would escape when it is uncorked. It can be prepared, also, with milk from which the cream has been removed after standing for twelve hours.

In this preparation it is, of course, necessary to take precautions against the explosion of the bottles; endeavors should be made, also, to secure a tolerably uniform temperature of about 70°, and some discretion must be used as to the length of time the milk is allowed to ferment.

REPORT OF THE SPECIAL COMMITTEE OF NEW YORK SOCIETY.

Resolved, 1st, That we adhere to the formula "*Similia Similibus Curantur*," as enunciating the great therapeutic law for the treatment of disease. Enveloped by induction, formulated by the venerated Hahnemann, tested and approved by thousands of physicians during scores of years, we are assured that, with our increased knowledge of the *Materia Medica*, we shall be able to demonstrate more fully its universality as a therapeutic law, and show in a more perfect manner its harmony with other and cognate natural laws.

2d. That we clearly and emphatically distinguish between a "therapeutic law" and the laws of chemistry, physics and hygiene; and, while in the treatment of disease their formula, "*causa sublata tollitur effectus*" is often to be remembered and used with advantage, yet such laws and such action in no way infringe upon or invalidate the *therapeutic law* "*Similia Similibus Curantur*."

3*d.* That in subscribing to the law of "Similia Similibus Curantur" we have not in the past, nor do we now, yield one tittle of our rights as physicians, to use any means or appliance of the general profession in the treatment of our patients, or in the palliation of their suffering, through the application of any physical, surgical, chemical or hygienic law, leaving the question of such use to the individual judgment of the practitioner.

4*th.* That the great work of our school in the advancement of medical science, is the proving of drugs, the enlargement, purifying, and verifying of our *Materia Medica*, and its practical application in the treatment of disease.

That we point with just pride to the work we have already accomplished. And we recognize in the continual appropriation of the results of our labors by other schools of medicine, a virtual endorsement of our work, and a tacit acknowledgment of its value.

5*th.* As we have been unable as yet, to deduce a law to guide us in determining the *amount* of a drug to be used, or the *attenuation* to be exhibited, in order to meet the demands of any case most accurately, this society, while on the one hand it refuses to join with those who decry attenuated medicines, on the other will not refuse to recognize those, who, governed by their honest convictions, can only exhibit crude medicines or the lowest attenuation in the treatment of the sick.

6*th.* That, contrary to the opinion held by some, we most thoroughly endorse, and would most earnestly enforce, the study of pathology and pathological anatomy in our schools and by our students, as determinating in the direction of a broader medical culture.

7*th.* In conclusion, we would most

frankly and fully join in the motto:
*"In certis unitas, in dubiis libertas,
 in omnibus charitas."*

J. J. MITCHELL,
 ASA S. COUCH,
 W. C. DOANE,
 A. W. HOLDEN,
Majority of Committee.

DEFECTIVE NUTRITION.

EGBERT GUERNSEY, M.D.

Physicians are frequently brought in contact with cases where vitality has been so much exhausted by various causes that there is not sufficient power left to take up, from even the most delicate food usually given to sick people, the necessary amount of nutrition. Ordinary drug medication fails, and yet the physician feels that there is no organic change of structure which cannot be remedied if he can only increase the vitality of his patient by sufficient nutriment.

A case occurred in my practice in which I believe life was prolonged for months by the use of carefully selected stimulant and the nutritive prepared in the laboratory of the chemist. The lady, who had suffered for years with organic disease of the heart, was suddenly attacked with aphasia; pulse at times so low as to be scarcely perceptible, only a temporary effect being produced by active stimulants. In this condition I gave at regular intervals a small glass of Tokay. This would bring the pulse up for a short time, and I would hold it there by giving in about half an hour the Phospho-nutritive and following this in an hour by a little delicate food. The effects of this kind of feeding were marked, and by keeping it up for several days she was tided over the crisis, and enjoyed tolerable health for some months.

In this connection I wish to state that I have found that even the most delicate stomach can bear Phillips' Cod Liver Oil, as the oil globules are so divided that they mix readily with water, select the preparation combined with Phospho-nutritive, and gave it, mixed with water, as a daily food.

The physician should study the various chemical combinations and delicate preparations intended for nutrition and latent disease, with as much care as he selects his specific drugs, and prescribe them less from general principles than for particular indications. Cod Liver Oil, pure and in various combinations; Maltine and Phospho-nutritive, all have their specific uses, and if selected with care and given with judgment, will, when indicated, give the best possible results.—*Hom. Times*.

OBITUARY.

A special meeting of the Oneida Co. Homœopathic Medical Society was held at the office of Dr. J. D. V. Moore, at Utica, August 3, 1880. The following preamble and resolutions were adopted:

Whereas, In the dispensation of Providence which has removed our colleague, Dr M. M. Gardner, from the scene of his labor, we recognize the hand of Him "who doeth all things well."

Resolved, That in the death of our colleague, with whom we have been so long associated, we shall miss the faithful physician, the genial and generous friend.

Resolved, That we extend to the relatives and friends of the deceased our most sincere sympathy in this hour of their affliction.

Resolved, That the secretary be requested to enter these resolutions on the minutes of our society.

Resolved, That we will attend the funeral of the deceased.

CHAS. E. CHASE, Secy.

In the treatment of certain forms of infantile disease, the advantages of nutrition in conjunction with properly selected remedy is fully recognized. It is especially desirable in disorders arising from enfeebled digestion to restore a healthy action by the use of food containing in concentrated form the elements essential to the production of pure blood, sound flesh and strong bone and muscle. Hitherto the difficulty has been to find an aliment which should be soothing, healing and strengthening, without unduly stimulating the digestive and assimilative functions. Within a few years, however, chemical skill has succeeded in the preparation of an article called Cerealine, which seems to completely meet the difficulty, and affords an invaluable adjunct to the resources of our materia medica.

PUBLISHERS' DEPARTMENT.

Dr. Samuel A. Robinson has returned from a somewhat continued absence abroad, and has located at 168 Richmond Terrace, West New Brighton, N. Y., succeeding to the practice of Dr. E. H. Phillips.

THE New York Ophthalmic Hospital for Eye and Ear (corner Third avenue and 23d street)—report for the month ending July 31, 1880: Number of prescriptions, 2,661; number of new patients, 354; number of patients resident in the hospital, 3; average daily attendance, 99; largest daily attendance, 150. Chas. Deady, M.D., Resident Surgeon.

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ULTIMATE TRIUMPH OF THE HO-
MŒOPATHIC MATERIA MEDICA.

BY

GEO. LEE, M. D.,

Fremont, Ohio.

[Bureau of Materia Medica, Ohio State Homœo-
pathic Convention, Cincinnati, May, 1880.]

A few years ago the students of the Homœopathic College at Cleveland were invited to attend a lecture at the Erie Street College (old school) to hear the Dean's annual *expose* of Homœopathy. I confess that, for my part, I went to the lecture with some apprehensiveness, never having heard a formal discussion of the subject by an Allopathic professor, and thinking it possible he might say things that I had never before thought of, and which would compel me to regret my choice. It is enough, in this connection, to add that the longer he talked the easier I felt, and that I have never since been disturbed by doubts raised on that occasion. But he did say one thing which I had never thought of. He

said our Materia Medica was a lie from beginning to end. It is my object in this paper to show that our Materia Medica is destined to become *the Materia Medica* of the future.

The signs of the times indicate this.

In the first place, it has stood the test of time. It is not strange that an innovation so startling as the *Materia Medica Pura* of Hahnemann, with its minute and prolix symptomatology and its unwelcome corollary of small doses, should have been received with derision. But that subsequent provings and fifty years of clinical experience have verified Hahnemann's statements *is* strange, and compels attention from every candid and thoughtful mind that comes in contact with the subject.

The New Testament Gospel was a startling innovation which made its way against opposition only because it was true. At last royalty, in the person of a Roman Emperor, espoused it, and it became respectable; not only respectable, but fashionable, but

no more true than before. Our minute symptomatology excited derision, but every year makes it clearer that this symptomatology rests upon a basis of physiological and pathological truth. Individuals of the old school are beginning to recognize this fact, and with an ostentatious parade of having discovered something new, coolly incorporate into their therapeutics choice bits of Homœopathy. Ringer's work on Therapeutics contains enough Homœopathy in disguise to make a careful student of it quite a successful practitioner. The popularity and large sale of this work attest the eagerness of the rank and file of the profession for something really helpful and satisfactory. The eighth edition has lately been issued.

In the *New York Medical Journal* for March, 1879, Jas. B. Hunter, M. D., editor—a publication of high rank in the old school—may be found an exceedingly well written article "On the Elective Action and Small Doses of Medicine, with Illustrative Cases." On page 259 occurs this passage, the significance and *naïveté* of which are such as to warrant a somewhat lengthy quotation. The writer says:

"It must, I think, be evident, then, from what has been said, that any such agent, which has the power of producing physiological or toxic effects on any special force or structure of the body, must likewise affect the same force or structure therapeutically; for the relation between the motion of the drug on the one hand and that of the bodily forces on the other is the same under both conditions, the only difference being the result of the antagonism between the two; hence we find that certain agents, which produce toxic effects on certain structures in large doses, will prove curative in some diseases of these same structures in small

doses, or doses in which they only display their stimulant property. This gives us an intelligent and rational notion of the value which physiological experiments with drugs upon the healthy animal system bear to therapeutics as guides in determining their elective action as well as their dose; and I hope it is needless for me to say here that such a principle of therapeutic action has no feature in common with the so-called law of *similars*."

"No feature in common with the so-called law of *similars*!" Did you ever hear the like of that?

Among the cases illustrative of these principles of therapeutic action he mentions the following:

CASE I. Tincture of aloes in prolapsus ani.

CASE II. Tincture of nux vomica in prolapsus ani.

CASE III. Tincture of cantharides in irritable bladder.

CASE V. Fl. ext. of Bryonia in sub-acute pleurisy. (Of course he cured his patient.)

CASE VI. Fl. ext. of Podophyllum in infantile diarrhœa with clayey stools.

CASE VII. Fl. ext. of Hamamelis in internal hemorrhoids.

In the *Therapeutic Gazette* for January of this year is an article in which occur the following paragraphs:

"Before a medicine can be used with implicit confidence, its direct and remote influence on man in health and in disease should be carefully determined. This cannot be readily done, for comparatively few people are anxious to take, for the benefit of science, medicines which may cause disease or death. There are, however, methods which might be pursued by students in physiological laboratories, in hospitals, by societies especially organized for the purpose and by committees of medical

societies to gain this desirable information without material injury to human beings.

"While the effects of a certain medicine on a man in health may not be identical with its effect on the same man while suffering from disease, much valuable information may be obtained by testing remedies *à la* Homœopathy. Of course, every peculiar sensation, real or imaginary, the individual may experience should not be attributed to the drug unless confirmed by a number of other persons uninfluenced by expectancy."

The journal quoted from is published in the interests of Parke, Davis & Co., and among their "new remedies," advertised in its columns, you will find Cactus, Gelseminum, Thuja, Pulsatilla, Cocculus, Rhus Aromatica, Drosera, Urtica dioica, Æsculus hippocastanum and Glabra, Ailanthus glandulosa and Ustigalo, with a miserable little squib appended to each, setting forth in general terms their supposed virtues and sphere of action. Let us hope that they will in good earnest set to work to prove a few of our remedies. Yet why should they prove them when they can steal them piecemeal with much less trouble.

The following paragraph on the therapeutic value of Pulsatilla has lately appeared in the *Chicago Medical Gazette*, the *Toledo Medical Journal*, and the *Detroit Medical Gazette*; it will probably go the entire round of the "regular" periodical press, and at last find permanent anchorage in the ninth edition of Ringer's Therapeutics:

THE THERAPEUTIC VALUE OF PULSATILLA.

Pulsatilla is rapidly growing in favor with many practitioners. Though a

very old remedy, having been known to Dioscorides and Pliny, it fell into disuse, if not into disrepute, and was not reinstated till about the beginning of the present century. I have used Pulsatilla mainly in simple dysmenorrhœa, and here it has proved of decided utility. Its scope is, however, doubtless much wider. A very prominent lawyer of this city told me, not long since, that after trying the bromides, the valerianates and other remedies of repute for the headaches caused by excessive mental application, he found no relief until he made use of the tincture of Pulsatilla. He is now never without it, and uses no other medicine for the cure of his headaches, which I know to be very severe. No such powers are attributed to it in the books to which I have access. This is an exceptional case, it may be, but it is a valid one. The tincture of Pulsatilla should be made from the fresh plant, and given with caution. The dose is from three to ten drops.—*J. J. Tucker, M. D., in Chicago Medical Gazette.*

It is my belief that if the old school could appropriate our Materia Medica in such a way as to convince the world and a majority of their discipleship that it was in no sense a surrender of their position of denial of its truthfulness, but rather the legitimate outcome of scientific progress in the profession, a scientific progress that had culminated in a new and better method of studying the properties of drugs in their relation to disease, not many years would elapse before something equivalent to our Materia Medica would be a text book in every Allopathic college. If I mistake not, the tendency of the best thought in the old school is to a more accurate knowledge of drugs, and that tendency must lead sooner or later to an avowed recognition of the only way of knowing drugs accur-

ately, namely, proving them upon the healthy human organism.

I have seen certain rather sharp criticisms upon Dr. Hughes' "Manual of Pharmaco-Dynamics" as being a production reflecting little credit upon Homœopathy, derogatory of symptomatology, and basely desirous of considering drugs from the stand-points of physiological anatomy and pathology. For my part, I testify to having received great satisfaction from the perusal of these lectures. It is a book that I can lend to an Allopathic or Eclectic physician or a layman with some confidence that it will create a favorable impression toward Homœopathy. I do not see how any candid man of any school of practice can read this volume, or Hempel's or Dunham's Lectures without being convinced that our *Materia Medica* is the best in the world, the most complete and the most accurate. But I should not expect him to be thus convinced by a perusal of Hull's *Jahr*, or "Hering's Condensed," or Allen's great *Encyclopædia*, I should as soon expect to teach a college boy the beauties of the English language by giving him Webster's *Unabridged Dictionary* to study. An Allopathic physician said to me one day in my office: "The trouble with your *Materia Medica* is, I can't make head nor tail of it. It seems to me an interminable collection of symptoms. I don't see how in thunder you can remember them." I asked him what work he had in mind as the source of his impression, and he mentioned Hull's *Jahr*. "Yes," said I, "that is a symptomatology, and of course one can't remember all the symptoms there given. But one can remember the most important, and cases may occur in practice when it will be invaluable as a work of reference. Now here," and I handed him the *Pharmaco-Dynamics*, "is an author

who works by a different method, but the outcome of it is the same."

He happened to turn to the lecture on *Baptisia*, and read the whole of it, saying in conclusion: "Well, I can understand that; it is sensible."

The *Pharmaco-Dynamics* is not complete in its details, not exhaustive of its subjects, but it is a work that is calculated to popularize our *Materia Medica* with practitioners of other schools and to give them confidence in it. This is desirable. Dunham's Lectures are, perhaps, even more admirable, the symptomatology being accurate and sufficiently complete, and the statements under the heads of "General and Special Analysis" and "Practical Applications" replete with positive instruction and fruitful suggestion. It is to be regretted that so many valuable remedies are omitted; but the work upon these must be done, equally well or better, by another.

Hale's "New Remedies" adds valuable material to the stock already accumulated, and doubtless each generation will produce men with a special aptitude and enthusiasm for explorations of this kind.

The new edition of Hempel,* soon to be published, carefully pruned of non-essentials, corrected and amplified in respect of what is really important, will be a work of standard and permanent value.

Of Allen's *Encyclopædia* it is enough to say that it is a *thesaurus*, a treasure house of facts, accurate, full, systematically arranged, many of which within the coming decade will be deftly woven into the text books of the "regular" colleges, and of those institutions which prefer to teach a crude system of Homœopathy under the names of Eclecticism and Specific Medication.

*This edition is now ready.—Ed.

Now, gentlemen, when we consider that Hahnemann's original "*Materia Medica Pura*" has stood the test of time, and has proved, in the comparatively short space of less than three-quarters of a century, the ground work of a general *Materia Medica* which is the most accurate, the most complete, the most practically valuable of any that is extant, can we doubt that it will ultimately triumph over all competition and all prejudice, and be accepted as standard by a tolerably well united and harmonious medical profession?

When Harold, the last of the Saxons, was king, king of a turbulent, ignorant and semi-barbarous people, Britain was invaded by the more civilized Normans. The Saxons were conquered, and England became Normanized to a very great extent, and to a slight extent the Normans became Anglicized; and all agreed in calling themselves a great nation and their constitution the best in the world.

The Homœopaths are the Normans, whose higher civilization is gradually but surely modifying the mongrel economy of the aborigines, and who will ultimately force upon them a *Materia Medica* which many among them are already secretly desiring, and which, having been once accepted, will be claimed as something that was their own from the beginning.

SEPIA IN CHRONIC ENDOCERVICITIS.

IV

C. P. HART, M.D.

Wyoming, Ohio.

Some of my readers may remember an article published about a year ago

in the HOMŒOPATH, entitled "Diseases of the Uterus," in which the writer of this paper took the ground that, contrary to the usual practice, local treatment is unnecessary for the successful management of the great majority of this class of cases. Perhaps no more striking confirmation of the truth of this assertion could be adduced than is furnished by the following case, the successful treatment of which, by internal medication alone, has been effected since the article above referred to was published. The case is noteworthy, also, on account of the peculiar character and long duration of some of the symptoms:

On the morning of September 6th, 1879, I received a telegram from Mr. F—, of Dayton, stating that his sister, Mrs. L—, had been suddenly seized the night before with great difficulty of breathing, and as she had not been able to obtain any relief from the remedies usually prescribed in such cases, he wished me to see her as soon as possible. I found the patient, a widow lady of about 45 years of age, propped up in bed, with red and bloated face, labored breathing, short, paroxysmal, choking cough, and evidently laboring under some mechanical obstruction of the larynx. Both the pulse and temperature were but slightly elevated, and as there was no soreness of the throat, or any form of acute inflammation complained of, I was at first considerably puzzled; but on making a laryngoscopic examination, which was attended with some difficulty, I discovered three enlarged muciparous glands upon the posterior margin of the aryteno-epiglottidean fold, in front of the left arytenoid cartilage, which were so closely aggregated as to form a tumor of the size of a split pea.

As I was many miles from home and unable to make a protracted visit, I was extremely anxious to make, if

possible, a "centre shot" at the first fire. Before prescribing, therefore, I adopted Hahnemann's method, and noted down systematically every symptom of ill health that could be obtained. I found that since the birth of her first child, a period of seventeen years, she had, to use her own words, constantly suffered from pain in the back, especially in the upper dorsal region, which she said was never absent. She also suffered from what she called a "smothered feeling" in the chest, worse just before the appearance of the menses, which were scant and painful. Notwithstanding the congested appearance of the face, it was easy to perceive that the patient was anæmic, low spirited and extremely nervous. The extremities were generally cold, appetite poor, tongue coated white, bowels constipated or irregular, dull aching pain in the back of the head, and frequent attacks of palpitation of the heart. The last two symptoms, though frequently occurring at other times, were sure to appear every two weeks, reckoning from the menstrual period, which occurred every four weeks, but, as already stated, was attended with a scant and painful discharge. During the intermenstrual period the patient was annoyed with a yellowish leucorrhœa, sufficiently copious to soil the linen, and with a distressing pruritus of the vulva, which neither carbolic acid lotion nor any other local remedy would allay. In addition to these symptoms there were more or less heat and soreness in the region of the uterus, though the latter was not very marked. It was evident from these symptoms that the patient, in addition to the laryngeal trouble, was suffering (and had been for many years) from some form of inflammation of the womb, and had the occasion been a more favorable one for the purpose I should

have endeavored to individualize the case more closely by making a vaginal examination. As it was, I was compelled to prescribe from the knowledge already obtained, and with my previous experience to aid me in the selection, I concluded to give *Sepia* 30 every half hour until the patient's breathing should be so far relieved as to permit of her lying down, then less and less frequently, p. r. n. Next day I received a letter stating that after the middle of the preceding night her breathing had so far improved that she could assume the horizontal position without any inconvenience, though the cough still remained troublesome. I directed the remedy to be given only once in four hours, and to report the next day. The next report was still more favorable, so far as the respiratory symptoms were concerned, but I was requested to see her again in consequence of an aggravation of some of the other symptoms, which may properly be denominated uterine.

At this second visit the laryngoscope exhibited nothing abnormal except a slight fullness and vascularity of the affected portion of the aryteno-epiglottidean fold; but a vaginal examination showed a highly congested, hypertrophied, ulcerated and *nodulated* state of the cervix uteri, especially of the posterior lip, and upon pressing one of the blades of the speculum upon the neck there issued from the os several drops of yellow purulent matter. I now saw, what I had before strongly suspected, that I had to do with a severe case of chronic endocervicitis, and what was still more, and very peculiar, that it was complicated with a condition of the cervix apparently similar to that which had attacked the larynx. Attributing the aggravation of the uterine symptoms chiefly to the action of the remedy, I determined to let the pa-

tient rest a week or two on *Saccharum lactis*, and then to administer the same remedy again in a higher form. Accordingly, the patient was directed to take a powder of *Sach. lac.* every morning and evening, and to report every two or three days. Under this course everything progressed favorably for the next ten days or so, at which time the patient expressed herself feeling better than she had felt before for years. On September 25th I made another examination, and found less swelling and hardness, but the nodulated appearance of the cervix was still more marked, which I attributed, not to an aggravation of this condition, but to being thrown more into relief by a shrinkage of the internodular tissues. The discharge and pruritus were but little if any diminished. I now prescribed *Sepia* 200 every night at bedtime. It would lengthen this paper unnecessarily to give the subsequent history of the case. Suffice it to say that this was the last and only change made in the prescription until a complete cure was effected, though the remedy had to be continued, in an interrupted manner, for a period of over nine months. First the nodulated condition of the cervix gave way, then the dorsal and lumbar pains disappeared, and at last the leucorrhœal discharge, after gradually diminishing until it ceased in the intermenstrual period only, finally disappeared altogether, and with it the terrible pruritus which had harassed the patient for so many years. In the meantime the pallor of anæmia has given place to the rosy hue of health, the languid step has become elastic, the countenance cheerful and expressive, and, as the patient happily expresses it, she has renewed her youth. The lady is now really beautiful, and, as she is wealthy, I am not surprised to learn that next month

she is expected to become the happy bride of one of the most distinguished citizens of our neighboring city.

A CURE BY HIGH POTENCIES WHEN THE LOW POTENCIES FAILED.

BY

TH. H. SCALES, M. D.,

Woburn, Mass.

The following case, where a young man had faith in Homœopathy, and perseverance enough to report to his physician once every five, ten, or fifteen days for a whole year without wishing to try Lactopeptine, Maltine, or Phosphatine, or Vegetine, or any other of the nostrums so extensively advertised, even in the professedly Homœopathic journals, seems to me worthy of notice:

July 12, 1879, came to me J. L. P., whom I had intimately known from his infancy. He is a young man, 23 years of age, very robust and strong, and a perfect pattern of a healthy man. He had never taken any medicine and knew no sickness. About six feet in height, weighing about 185 lbs., he was noticeable in a crowd as being remarkable for vigor of brain and body. He was perfectly regular in his habits, not given to dissipation; he does not use tobacco in any form, nor any alcoholic drinks, nor even tea or coffee.

When he came to me, a year ago, he was diligently working at his trade, a journeyman currier and leather-splitter, but was never tired, and ate and slept perfectly well. He was physically perfect in every respect, excepting that for a few weeks he had had "a bad taste in his mouth."

This bad taste, simply disgusting, was not constant during the days, but would last for two or three hours at a time in the day, and then be gone. Usually it was worse before each meal and left him after eating, but his appetite was good. His breath, when he had the bad taste, was a little offensive. There were no dyspeptic symptoms; his food did not distress him in any way, nor did it generate gas.

He very seldom took cold, and every physical organ seemed to work perfectly well. There was no salivation, nor dryness of the mouth, nor unusual thirst. But, after sleeping, a very little dried, thickish mucus showed on his lips or teeth. The mucus of the mouth was a *little* thickened, with here and there a minute air bubble, though not abnormal in quantity, and the tongue and buccal cavity looked natural. He had no cough, no sneezing, no irritability, no nervousness. Had never abused his sexual organs in any way. His feet and hands were neither unusually cold nor hot; his perspiration was normal in quantity and odor, and he never had headache.

He drank water or milk with his meals. The offensive taste and odor were my only guides in the selection of a remedy, except the morning aggravation, the intermittent character of the complaint, and the organization of the patient. I gave him Pulsatilla (3d decimal) three times a day. After he had taken the remedy for a week there was no change, and I gave Puls., 2d decimal, four times a day. After a satisfactory, or rather unsatisfactory, trial of Puls. at different low attenuations for a few weeks, with no change of symptoms, I gave Sulph., then Carbo veg., then Merc., Graph., Cuprum, Sulph. aniline, Podophyllum, Coca, Aurum, Bromide of potash, Lycopodium, Kali bich., Ars., Arn.,

Cactus, Chelidonium, &c., in succession, and in different attenuations, till seven months had elapsed and the symptom had grown gradually and steadily worse, the bad taste had become constant, and he occasionally passed fetid flatus per anum. His teeth and lips were more gummed in the morning, and he was discouraged because, while he had strictly followed my directions in every particular, even to temporarily leaving off fruits and other articles of diet, and occasionally for a few days discontinuing all medicine, he was still growing worse.

I meanwhile was very much astonished that he did not get well, independently of the medicines, by the much-lauded "*Vis medicatrix naturæ*."

But though I had used *materia medica* generally, I had not used the "high potencies," because he was such a strong, hardy, vigorous man, that I had not sufficient faith in their efficacy in this particular case.

Now I resolved to "go up," and gave him Carroll Dunham's 200th of Puls. night and morning for three days, then once a day for five days. In a week he was nearly well; and in two or three weeks perfectly well, except a little abdominal flatus "after eating five or six apples." For that I gave Carb. veg., without restricting the number of apples.

About three months after his cure he had influenza. Caust., Kali-bich. and Merc. v. in succession were quickly followed by a cure of the influenza. But, after two or three weeks, he came again, saying that, since his influenza, he had "had a little of that bad taste again." I then gave him Puls. 10,000 of Fincke. (whatever that may be.) He was immediately relieved, and has had no trouble at all for more than two months.

I have not written this article as a

champion of "high potencies." I have no theory to maintain, except *similia similibus curantur*. But the moral, to those of us who believe, is confirmatory of our faith in higher potencies, in some cases, where the low attenuations fail, since rapid improvement began immediately after we began their use. To those whose faith never leads them to use anything above the 5th or 6th decimal, the moral is plain, that if both patient and doctor have faith and perseverance, no harm will come to the patient, the location of the disease is not changed, and the confidence of both patient and doctor in strict Homœopathic treatment of disease is confirmed.

I do not try to show any one that Puls. 10,000 of Fincke is what it purports to be. But, if others successfully use it, I assume that I use the same remedy that they use, and that it is not unlikely to be some preparation of Pulsatilla, higher than the 12th, which I prepared myself. And, as the patient got well at once after using it, either the previous cc. or the 10,000 apparently cured the case.

CHELEDONIUM IN JAUNDICE.

C. H. VIEHE, M.D..

Freelandsville, Indiana.

I have found the Cheledonium majus an efficient remedy in several cases of very marked jaundice depending on functional derangement of the liver in children, curing the cases in the course of about one week, without any remaining symptoms. I have used the remedy in the 1x, giving a dose of four or five drops every two or three hours. Had another case

before using the Chel., on which different remedies, as Merc. Sol. 3, Hepar s. c. 3x, etc., were tried without benefit to the patient. Should new cases occur in my practice, I feel sure of knowing of a refuge. It is worth a trial.

PRACTICAL NOTES ON LABOR.

L.

M. W. BRUBAKER, M.D.

Barry, Ill

About a month after I began practice I was called in to get acquainted with a young lady who desired to have me take charge of her during her confinement, which she expected to take place within a few weeks. In the interval before her confinement I went to work diligently to review and "post up." I had attended some six cases in the hospital while taking lectures, but had never had a case of my own in private practice; so I naturally felt some anxiety how the "new little pill doctor" would succeed with his first case in his new field of practice. I made some notes on a sheet of paper, which I carried with me in a little box, so that I might read them over at the time and not excite suspicion that they were more than a letter. By the way, the box contained the following: a vial each of Tr. Arnica, Aqua Ammonia, Chloroform, Tr. Ergot and Glycerine; also box of Cosmoline, narrow linen tape for tying cord, and muslin for dressing it.

But here are the notes, and, although very simple, some young practitioners may be benefitted by reading them:

(a) OF THE MOTHER.

1. Enter the room coolly, quietly, and with an expression of calmness and confidence.

2. To make an examination, sit with the right arm next the bed; remove the coat, turn up the sleeve, anoint the fingers well with Cosmoline or Oil, and introduce into the vagina *during* a pain; but do not press the os till the pain is gone.

3. Do not allow the woman to "bear down" till the os is fully dilated.

4. Never predict the exact termination of a labor.

5. When near the time of delivery, take a position with the left arm next the bed, place the patient on her back or side, as may be desirable. Do not allow her to get up to the chamber then; but have bowels and bladder empty before the second stage. Put a drachm or two of Tr. Arnica in a pint of water, and direct the nurse to use it in washing the parts after labor.

6. As the presenting part is about to pass, support the perineum with the left hand and a napkin, and receive the child with the right.

7. When the child has been received, place the hand upon the uterus, to see whether it has contracted. If not, there may be twins, or there will be hemorrhage.

(b) OF THE CHILD.

8. As soon as the head of the child is born lay it on its back with its face away from the mother, pass the finger around its neck to ascertain whether the cord is around it, and remove any mucus that may be in its mouth.

9. When the placental end of the cord has ceased to beat, tie a ligature on it, about one or two inches from the body of the child, and cut the

cord about half an inch from the ligature.

10. In taking the placenta away give it several twists or turns to insure all of it being removed.

11. For convulsions, give Bell. or Veratrum Vir.

12. Place the child to the breast as soon as practicable, and do not allow the mother to rise up at all for a long time.

HEMORRHAGE.

13. This is a dreaded and alarming condition, and one that requires great promptness and presence of mind in the practitioner. In order that the best means may constantly be in mind, I mention the following methods of treating it, simply stating them, leaving the details, special features, and indications to be learned from the large works on obstetrics: 1. Introduce the fingers or hand into the uterus and *remove all clots*. 2. Give a full dose of Ergot. 3. Apply cold water and vinegar to the abdomen, and over the uterus. 4. Inject dilute Tr. Iron into the cavity of the uterus. 5. Make strong friction over the uterus, or place a book or roll on it and bind it there. 6. Lower the head and elevate the hips. 7. Press hard upon the abdominal aorta near the umbilicus. 8. Place wet towel over the vulva, in it place the positive pole of a Faradic battery, and treat with the negative over the chest, shoulder and back of the neck. This gives the "up current," and it is a very valuable means of checking hemorrhage. 9. When the patient is almost exsanguinated, and the heart about to stop, the crisis may be overcome by a large dose of Opium. 10. In circumstances like the last *perform transfusion*.

(P. S.—I may add that my “first case,” one of the healthiest women I ever knew, did splendidly, resulting in an eight-pound voter; and the “little pill doctor” made friends and reputation.)

ABSCESS OF LUNG CAUSES EPILEPSY. (2)

BY

J. C. NOTTINGAM, M. D.

Marion, Ind.

May 5th, 1877.—While county physician, was summoned to County Infirmary, where I found — Redenhouse, a German, aged 45 suffering exquisite pain in the right side at inferior margin of ribs, with quite a ridge swollen, slightly tender on moderate pressure, fœtid breath, quick pulse, and rapid respiration over left lung, none over right, answered questions intelligently, and said he “suffered none at all anywhere else nor had at any time previous since he had been an inmate of the infirmary.”

The Superintendent said, “Patient had been an epileptic for four years, two years an inmate of the infirmary, never made any complaint of pain or sickness of any kind, but never was asked to work because it made him have fits. Appetite was always good, and even ravenous, seemed despondent, but always talked cheerfully when spoken to, and appeared ordinarily intelligent, was as well as usual a few minutes from attack.”

Died in five days from attack, when an autopsy revealed the following: Instead of right lung a sac of pus occupied the space, left lung filled with dry tubercles, left testicle filled with dry tubercles, right half of scro-

tum dropsical. All other organs appeared normal.

The entire absence of any cough, or hectic fever, or complaints of any kind by the patient; with good appetite, regular action of emunctories, and maintenance of his physical strength (in appearance), the absence of any cachectic appearance, with the conditions as named present, seemed to me wholly unreasonable and I have waited, now three years, hoping to find the condition and circumstances mentioned by some one else.

Proof may be given if wanted. Will answer any question I can with pleasure that will interest, or elucidate the report.

DRAUGHTS.

Dr. Rand of Philadelphia, in a lecture on ventilation of dwelling houses, published in the *College and Clinical Record*, speaks as follows concerning Draughts:

“Persons exposed to out-door inclemency, as sailors, soldiers on the march, engineers and sportsmen, seldom take cold. The only precaution seems to be to avoid sitting or lying on the bare ground, or checking sweating by rapidly cooling off after violent exercise. It is when a portion only of the body is chilled that there is the most risk. A man will escape harm from a ducking, but be made sick from wet feet. The inmates of houses are exposed to draughts, not only through cracks and keyholes, but from downward currents of cold air from within, due to the cooling effects of walls and windows. (1) Walls—

The passage of the outer air through walls has just been spoken of, and it need only be said that independent of this, the building material possesses a high radiating power, and the heat conducted through the wall rapidly passes into the outer space. A glance at a painted wall in a crowded church or lecture room will show it to be coated with condensed moisture. The paint may be impervious, but does not prevent the cooling by conduction and radiation. Air cooled by contact with the wall falls, making a draught even in a close room. (2) Still more marked is this the case with glass. A window as tight as art can make it is cold to the touch in wintery weather, and soon is coated with moisture or frost. Although glass is impervious to air, yet its radiating power is high (90 on Mellon's scale, the highest being 100) and from the thinness of the plates in windows it conducts rapidly. The outer surface is rapidly cooled by radiation and by contact of the outer cold air, and the inner surface soon acquires and maintains nearly the same temperature. Hence, persons sitting by a closed window are exposed to downward draughts, even when the window is made as nearly as possible air-tight."

RADICAL CURE OF HYDROCELE.—Dr. Bernard Bartow (*Buffalo Med. and Surg. Jour.*, July, 1880) describes the following operation for the so-called "radical" cure of hydrocele, which he has employed in two instances with such satisfactory results as to lead him to believe there are some points of value in the method, and particularly in its application to

cases which have resisted the means ordinarily employed for the relief of this disease. The operation consists of an incision from three to four inches in length in the scrotum, in the centre of the hydrocele tumor, extending through the scrotal subcutaneous tissues until the sac is exposed. The loose connective tissue is then separated from the sac to the extent of about an inch either side of the line of the incision, exposing about one-third the circumference of the tumor; the distended sac protruding into the wound renders this last step very easy of accomplishment. Into the most depending part of the tumor thus exposed a fine trocar and canula is introduced, and the fluid is drawn off, the entire wound being left to close by granulation. It is intended that air shall not be admitted into the sac, and it is preferable to make the incision with antiseptic precautions, and to continue them during its subsequent treatment.

COMPRESSING THE ILIAC WITH THE HAND IN THE RECTUM TO CONTROL HEMORRHAGE DURING HIP-JOINT AMPUTATIONS.—The fact that this procedure is practicable has only of late been appreciated. The credit of suggesting and demonstrating its utility belongs to Dr. Woodbury, of Philadelphia. That this method merits confidence is attested by the fact that it has received the endorsement of Gross, Van Buren and Callender. Whenever practicable, its advantage over any other method hitherto suggested is at once obvious. The object desired is to introduce the hand into the rectum and compress the iliac

vessels as they pass over the brim or inlet of the pelvis. The hand should be well anointed with vaseline, folded in the shape of a cone, introduced with the dorsum towards the sacrum, and by gentle, slow pressure, overcome the sphincter muscle. When the hand reaches the sigmoid flexure the hand may be pronated, when the vessels may be found immediately under the fingers. In controlling the right common iliac, the right hand should be used and the left hand for the left artery. With the elastic bandage on the leg and the hand in the rectum, amputation is almost bloodless.—*College & Clin. Rec.*, May, 1880.

ARSENICAL POISONING THROUGH A GREEN DRESS.—The *Lancet* (vol. i., 1880, p. 815) gives, from a German source, a brief account of a young lady who, after wearing for some time a dark-green (silk?) dress trimmed with light leaves, was attacked by an outbreak of pustules on her neck and arms, which was especially painful at night. After enduring this for a long period, the young lady consulted a physician, who recognized the effect of arsenical poisoning. The dress, on chemical examination, showed a large percentage of arsenic in its material.

THE New York Ophthalmic Hospital for Eye and Ear, corner Third avenue and Twenty-third street, report for the month ending August 31st: Number of prescriptions, 2,953; number of new patients, 423; number of patients resident in the Hospital, 10; average daily attendance, 114; largest daily attendance, 172.

CHAS. DEADY, M. D.,
Resident Surgeon.

HORSFORD'S ACID PHOSPHATE IN HEADACHE, INDIGESTION, ETC.—Cured two children, painless diarrhoea, thirst, desire for acids, stools quite frequent during day-time and mushey. Dose—five drops in water every two hours.

Adult, with indigestion, sweetish taste, headache, swollen stomach, &c., much benefited. Dose—half teaspoonful before meals and at bedtime. Will continue to experiment; shall make a desire for acids the *key-note* indication.

D. HAGGART, M. D.
INDIANAPOLIS, IND., Jan. 3, 1880.

PUBLISHERS' DEPARTMENT.

"Since Dr. Ballard brought pepsin to the notice of physicians in London, over twenty years since, I have used it extensively, but not with any positive results. Quite the contrary has been my experience with Lactopeptine. I have been greatly pleased with its happy influence in many cases of 'Sick Headache,' and that troublesome form of neuralgia dependent on mal-assimilation."

C. F. GILLINGHAM, M. D.

NOTICE.—It has been the custom of this house to discontinue the sending of Journals at expiration of time order for. We mention this because contrary to the practice of other publishers and because some of our Patrons have experienced disappointment by the non-receipt of Journals which they had not *ordered stopped*. Several have expressed disapproval of the custom and in the future discontinuance will occur only when ordered.

We neglected to credit the *Journal of Electrology* with the article by Dr. Butler which appeared in our last issue.

THE
AMERICAN HOMŒOPATH.
*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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EDITORIAL.

PROF. DOWLING.

Prof. Dowling, who for the past ten years has been lecturing on General Practice of Medicine in the New York Homœopathic Medical College, has resigned that position in order to accept the chair of Physical Diagnosis and Diseases of the Heart and Lungs recently established in that institution. This is a department of medicine to which Prof. Dowling has long devoted his time, and it will now receive his undivided attention.

THE Faculty have elected Dr. H. R. Arndt Lecturer on the Therapeutics of Gynæcology and Obstetrics in the Homœopathic Department of the Michigan University. The

above will doubtless meet with the hearty approval of the profession, for this gentleman has abilities and reputation of the highest order.

TWENTY - NINTH SEMI - ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

The semi-annual meeting of this society was held in Brooklyn September 7th and 8th. The assembly being the guests of the Kings County society.

The meeting was called to order by the President, Dr. A. R. Wright, of Buffalo; Dr. Howard L. Waldo, of West Troy, Secretary. The proceedings were opened with prayer, offered by Rev. Dr. Farley, of Brooklyn.

ADDRESS OF WELCOME.

The address of welcome was delivered by Dr. P. P. Wells. He said in effect that the welcome he extended came in all heartiness from the fact that we recognize in you, as here assembled, and in each of you, the embodiment of a great truth, in which the welfare of a race subject to pains and sickness is so largely concerned. Our greeting, continued the speaker, takes warmth from our consciousness of a common faith between you and us. We have all received it as God given, and have by our presence here declared our allegiance to it. We have recognized in it a law of healing of supreme authority. We welcome you to our fellowship, in the faith in this law as those who have consecrated themselves and their powers to

the advancement in the knowledge of it, both in the profession and in the community, and its faithful administration in all your endeavors to relieve suffering and save life. We look on you as living representatives of this law with all its possibilities, and each to his constituencies pledged and bound with us to see to it that neither it nor humanity suffers by reason of ignorance. You and I acknowledge this law to be God given, and therefore to it we owe obedience. We bid you welcome to our fraternal regard, our confidence, our sympathies and to whatever of endeavor we may be able to bring to the advancement of the objects which have now brought us together. In the spirit of common brotherhood we now bid you God speed in all your endeavors to perfect a knowledge of this law, of the agents it employs in its beneficial work, and to gain the increased skill so needful for its perfect administration. In the successful prosecution of these endeavors we may be sure of the blessing of thousands ready to perish and of the approval of all the good.

The response was made by Dr. Wright, the President.

The body then proceeded to the immediate business of the session. Several communications were read from physicians who could not attend.

Among the many interesting papers presented was one by Dr. Ella A. Jennings, of New York, on "Irritants and Stimulants in the Practice of Medicine." The drift of the paper was against the use of stimulants such as alcohol, chloral, morphine, etc., and especially against tobacco.

When the reading was concluded, Dr. Searle called attention to the results shown in the retreats and hospitals of England, where old soldiers and sailors were quartered, the evidence tending to show that the use of

tobacco did not militate against longevity.

Dr. Jennings in reply alluded to the case of a noted opium eater who lived to be over 100 years old, and every night took enough opium to kill an ordinary man. If he had not used opium he might have lived to be 150 years old.

Dr. Searle replied: "Those in the hospitals were the remnants of the armies of England. Those who had not used tobacco were dead."

Dr. Cowl presented

A PAPER ON "PERCUSSION,"

and a new and facile method of performing it. We give a synopsis of it: It was not the custom of practitioners, he said, to diagnose by percussion cases of thoracic and abdominal disease. Students might acquire the art of percussing in one lesson. A person with a few hours' practice could by due attention to the rules become experts in the manual part of percussing. There must be a free and easy motion of the wrist with the fingers at right angles with the hand. The finger of the other hand must be held firmly and evenly on the chest or abdomen. The best results in percussing were obtained by the use of both hands indiscriminately, becoming, if possible, ambidexter. The fingers might be used by employing three as one, and the centre of gravity was to be in line with the fulcrum at the wrist. The resonance was greater when one or two fingers were used. A light percussion would give a clearer note of resonance than a heavy one. The speaker showed specimens of hammers used in percussing.

Dr. Dowling thought it was impossible to make a proper examination of the chest or abdomen until you got to the naked skin. He recommended the use of Flint's hammer and the rubber pleximeter.

Dr. G. H. Wilson of Meriden, Conn., described an instrument by which the slightest motion of a person could be indicated as he stood upright, thus showing the muscular condition.

Mrs. Dr. Alice B. Campbell, of Brooklyn read a paper entitled "Opposed to Vaginal injections." The author held that vaginal injections were not only needless but pernicious, either in the case of simple irritation or ulceration.

Resolutions were adopted expressing sorrow for the severe loss homœopathy had suffered by the recent death of Dr. Constantine Hering. Dr. P. P. Wells, who presented the resolution, spoke briefly in eulogy of the deceased, paying a high tribute to his life, character and the ardor with which he pursued and sustained his profession.

Dr. Lillienthal also eulogized Dr. Hering, with whom he was well acquainted.

Dr. Walter G. Cowl, read a paper on "Tight Lacing as a cause of Disease." He was of the opinion that speaking generally the effect of tight lacing was a physical lassitude caused by the indigestion which would follow continued compression of the waist. The local effects, especially on the sexual organs, were shown in the document.

The meeting proved in every respect to be eminently successful and enjoyable and satisfaction was expressed by all participants.

UTERINE HÆMORRHAGE.

IV

DR. USSHER.

I shall always remember the night of the "Derby;" a fearful storm of

thunder, lightning, and rain in torrents was raging when I was summoned to a patient who was stated to be dying. Five years ago I attended her with the last child, and was unaware of her present pregnant state, now some six months advanced.

She had been in a bad state of health all through this period, and would not have sent in such a storm, but she and her husband were alarmed at the rapid loss of blood, which half filled the vessel, and contained besides a large, firm clot. I suspected a placenta prævia, but could not be certain, and the stoppage of hemorrhage was the urgent consideration. Happily I took with me some of the simple tincture of Cinnamon B. P.; and I soon found that the statements made as to its hæmostatic virtues by Dr. Burt, in his "Therapeutics," was to be relied on. I also gave his dose, fifteen drops, and two more, within the hour, when all bleeding ceased. It may be the dose was unusually large—perhaps unnecessary, but prompt action was demanded. I saw her again in a few hours' time; she seemed very comfortable, and there was no need to use the further doses left.

Between the Wednesday and the following Monday my patient got about the house as if nothing had occurred. On the Monday week I was early summoned, found the membranes ruptured, and a soft, spongy substance filling up the os uteri, adherent all round; blood flowing, the odor giving me the idea that the fœtus was dead, but lively movement was experienced in the early morning, and this putridity was due to retained clot. I felt sure that more loss of blood would destroy the patient, so the placenta was removed, and soon an arm presented. I turned the child after some trouble, and delivered by the feet. It was then evident to the

hand placed outside that there was another child, and, as there was no further loss, I waited. A second bag of water formed, which I punctured in an hour, hoping it would act as a plug, and stop any more loss. The second child was born without danger. I found the second afterbirth also fixed; there was a long wait for it, and it seemed to come away perfect; but after this a portion protruded that could not be detached. I felt that to resort to further measures then would be imprudent, and followed by death. Exhaustion, gasping respiration, with loss of sight, and sensation of water running over the head, as well as wandering reason, followed the birth of the second. Four glasses of port wine, one after the other, prevented her dying there and then. She was not only pallid, but of a horrid putty color. The next morning I found the shred of membrane *tight* and a great deal of fœtor. Dr. Von Tunzelmann, in council, concurred with me that there was something more to be removed, and at once. I was very much exhausted myself, and he kindly took away, after much effort, a fleshy mass that looked like another afterbirth, friable and putrid. She had a strong dose of brandy twice before she came to after this severe handling, and then Arnica tinct. every half-hour completely removed every vestige of pain (which was intense over the abdomen) in four hours. I never saw medicine act better or quicker. She had a fairly satisfactory sleep of some hours, after a large dose of Bell. tinct., gtt. vij., a bit of practice from Dr. Kidd, which I learned through another; and on several occasions of great mental and bodily shock I have found it a most acceptable help. The fœtor in the early days was at once checked by weak vaginal injections of Dr. Skinner's deodorant, a most blessed boon

to the sick chamber. The subsequent attendance on the patient was severe night and day; she got rigors, and one morning her pulse almost failed; but there was a hardy frame, and a wish to live for the sake of the children of this dear Scotch mother. The tongue became furred and dry, and every one about her expected a daily end to her life; but days came and went, appetite and sleep returned; then vomiting and shivering were added, the former readily checked with champagne. The color of the body was pallid, no longer yellow; the veins remained *perfectly pink*; the bowels acted well, discharge had returned, and all seemed hopeful until the fifteenth day, when the left leg swelled, then the thigh, and the foot blackened. Phlebitis had set in. She became very restless, quantities of wind of a nasty odor being eructated; her thirst was excessive, and the longing for beer too great to be denied. *A priori*, it might be surmised that this desire for liquid was due to Belladonna, but it was not so. It has not served me so in other emergencies. On the sixteenth day, after leaving her with the hope of a pull-through, I was again called, to find her breathing heavily with sudden orthopnœa; and after nine hours' struggle, conscious all the while, she died a peaceful, happy death. The offspring of this birth lived, one a day, the other four hours. These scanty notes are recorded from memory to show the value of Cinnamon in uterine bleeding; and it so happened that in my next case I had a retained placenta, with hemorrhage and fainting, both immediately helped by this medicine and brandy. There was hour-glass contraction to some extent, but a capital getting-up.—*Homœopathic World*.

COMPLICATED DEAFNESS.

L.V.

ROBERT T. COOPER, M.D.

Physician, Disease of the Ear, London Homœopathic Hospital.

In a paper I read before the British Homœopathic Society last session I classified Deafness in accordance with the existing structural condition; the first class being simple deafness, where no visible structural change was present; complex, where perforation of the drumhead, growths in the meatus, or adhesions calculated to interfere with hearing-power, in other words, visible structural changes existed; and complicated, where with either form there was evidence of functional impairment of the auditory nerve.

This last is of course by far the most obstinate variety, as it has to do with the internal ear, which, so far as the allopaths are concerned, "*is completely removed from the direct operations of the physician and surgeon.*" Thanks to the guidance of symptoms, to the possession of a therapeutic law, and to our acquaintance with the effects medicines produce upon parts removed from sight, we are almost as easily able to act upon the internal as upon the middle ear.

The following is an example of what can sometimes be accomplished in what are by the profession generally regarded as hopeless forms of deafness.

Miss B., aged twenty-nine, has been very deaf upon both sides since seventeen years of age, and slightly so all her life. The right ear, the worst. Deafness is more pronounced when she takes cold; the right ear then gets very painful, and discharges. Her voice is thick; does not have noises in ears except when she has a cold.

A good deal of mucus in the naso-

pharynx. Bowels are regular, general health good.

On testing her I found her unable to detect the vibrations of a tuning-fork except at one spot half an inch in front of the left ear, and on the right side only when the meatus was closed. In fact, she can hardly be said to hear a tuning-fork at all, except when placed in contact with the teeth.

The watch is not heard at all on the right side, and very feebly when pressed against the left. The right membrane was sunken in and seemed to be adherent to the promontory of the middle ear, as did also the left membrane, but here the retraction was less.

Nothing could appear more hopeless than this case, and yet by the aid of treatment a great measure of improvement has been brought about.

To begin with, for the first fortnight she had a drop of Mezer. tinc. in three doses every day. At the end of it, reported having had a cold which caused the hearing of the right ear to improve; has not been feeling very well, and has much chest pain.

There has been a watery discharge from the right ear.

The handle of the malleus on the right side is fore-shortened, the membrane looking if anything worse than at first; the *left* membrane looks better.

To have same medicine, and a lotion to the back of the throat of Ulmus Fulva (Slippery Elm) infusion and Glycerine.

At end of third fortnight reported further improvement in hearing (voice) and has not taken cold. Has had within the last three days two fainting attacks. Appearance of the *right* membrane has greatly improved; less sunken in, but rough-looking.

The *left* membrane natural, but the chorda tympana nerve can be seen

through it, and above its course the membrane is much drawn in.

Watch hearing the same.

To have Apis Mellif. 3x, seven drops to go over three weeks.

At the end of these three weeks reported herself "very much better," hearing (conversation) greatly improved, has not had any fainting fits, discharge gone from the right ear, no phlegm about the throat.

Tuning-fork heard easily upon both temples, watch-hearing the same.

Right membrane not retracted as it was on first coming under treatment, no appearance of a perforation; left membrane looks all right.

I have not seen this lady since, now nearly a year ago, but heard from a friend of hers that she was quite recovered, by which we must be allowed to understand that conversational hearing had become greatly better. More than this we are bound not to infer without instituting a careful examination.

For explanation as to the effect of Apis Mell. my paper had better be referred to. Case 3, p. 123 (of No. XLIX. of the *Annals of the British H. Soc.*, is the same as that of Miss B.)

As a fitting accompaniment of our last case, but one unfortunately not any more instructive to the student of drug action, will be the case of Thomas A., a deaf-mute of six years old, who came to the London Homœopathic Hospital 7th September, 1878, and who had lost his voice and hearing since an attack of scarlatina that he had had three years back. Whether he has any hearing or not it is impossible to determine, the expression he assumes upon testing his hearing with the tuning-fork not being sufficiently intelligent.

He was first given Sulphur by the resident medical officer, but, as far as I could determine, it seemed to cause

an incontinence of urine during the daytime. On 21st September I changed to Tereb. 3x, without benefit, and on 12th October I gave him Calcareo carbon. 3x, and on 26th received the report that he now wets his bed, besides having incontinence by day. So far, then, treatment had not been in any way happy.

We then (26th Oct.) altered his prescription to one drop of Soda chlorata, to go over the fortnight, a dose that astonished an allopathic colleague who was present at the time.

On 16th November, 1878, we had this gratifying report: He has certainly improved; he can hear with the right ear, he begins to talk, and the other day heard an organ quite plainly that was playing in the street, and even looked round when a small stick dropped from the table on to the floor. Hears a watch on both sides. He does not wet his bed so often, and there is no incontinence by day. His appetite, however, is not good, and he picks his nose very often; no worms have been seen.

The membranæ tympani look natural.

December 6th.—Not so well, again wetting his bed; still hears things.

Sacch.-lactis powders; one, dry, night and morning.

December 28th.—Decided improvement, tries to talk for the first time, and he does not wet himself so much.

Heard a piano playing upstairs when he was on the ground-floor, for the first time.

The Saccharum lactis powders seemed to cause the bowels to act more freely than usual.

On this occasion the Soda chlorata was once more prescribed. But again I have to express disappointment; his mother discontinued coming with him.

I need hardly say that it is most vexatious to one who takes an interest in cases of this kind to find pa

rents will not take the trouble to give their children even a chance of getting well, for no one in their senses could expect a case of deaf-mutism of three years' duration to be absolutely cured in as many months.—*Ibid.*

A CASE OF MENTAL DERANGEMENT.

IV

SAMUEL BROWN, M. D.,

Chester, England.

Although physical ailments are generally recorded in our journals, the following case of mental derangement, treated successfully with homœopathic remedies, may be none the less acceptable. Mrs. P., æt. 63, is a small thin, sallow, and anxious-looking person of highly-nervous temperament, with black hair and dark-brown eyes.

History.—For several weeks back sleeplessness and restlessness, developing into extreme irritability and despondency during the last few days, has been observed. She has had a slight cold, for which she prescribed Sulphur herself, but there was no record of any other bodily illness.

She had taken one drachm of tincture of Sulphur, 3 cent., in the course of a few hours, three days before. Query, Does this bear on the case? And if so, to what extent are the extreme symptoms referable to its action? Suffice it to add, she got rapidly worse thereafter.

She refuses her food, saying always, "Rather give it to the children, we can't afford so much," but has been noticed to take a surreptitious mouthful or two when she fancied she was

unobserved. She thinks they are living very extravagantly, although in reality the household expenses are not increased. Instead of being hyper-kind and affectionate toward her grandchildren, she is easily irritated and roused by them, and dispenses more blows than she formerly did kisses. She moreover takes no interest in household affairs, as was her wont, is very suspicious, particularly of the servants, and will not go out of doors. During the last two nights she moaned a great deal, and scarcely slept at all. When spoken to or asked the reason of her strange behavior, she only shakes her head and weeps. Being a strict Methodist, she could never tolerate the atmosphere of free-thought which surrounds her. Lately she had been reading Harvey's "Meditations among the Tombs," several books of sermons, and other depressing literature, over which she had been frequently seen sobbing and moaning.

June 6th, 1879.—After hearing the above the patient was sent for. She was led reluctantly into the room, and, without looking at me, sank into an easy chair, where she sat crouched up, silent, the very picture of despair, and every now and then giving quick glances of fright and suspicion towards me and the door—much like some dejected prisoner on a charge of murder. Nothing would induce her to enter into conversation. She only said she was very unhappy, and that it was wrong to be so. This and one or two monosyllabic answers were given in a scarcely audible whisper. I could detect no physical signs or symptoms of disease. The bowels were constipated. I advised her surroundings to be made as cheerful as possible, all depressing books and influences to be removed, and ordered Tc. *Nux Vom.* 30, mj. every four hours.

June 8th.—Patient was in bed at time of visit. Her daughter reported that she had been much better since beginning the medicine till 2:30 this morning, when she awoke with a start after a good quiet sleep. She had dreamed that "the whole family were to be dead in the morning." She raved to me about some "great calamity" which was going to befall them, but what it was she could or would not tell. I noticed now more particularly how emaciated she was, and learned that that had been slowly increasing for several months. Voice stronger. She complains of thirst and a sense of constriction in the throat. Any fluid—*e. g.*, beef-tea, milk, etc.—however, was ejected as soon as put in the mouth. Even her medicine she would spit out unless she were closely watched till it was swallowed. No appetite, or at any rate, inclination to take food. Bowels had acted comfortably. Discontinue *Nux.*

Tc. Ars.-Alb., 30, mj. every three or four hours.

June 9th.—I found that she had been going about the house more naturally than she had done for a long time, and had even been induced to take a short walk. Slept well all night, but on waking had a delusion that all her clothes had been stolen, and would not be convinced of the reverse till all her belongings had been laid out for inspection. Thirst and constriction of throat gone. Of her own accord had taken some breakfast this morning. She seems to take more interest in things around. Continue.

June 16th.—Since last report she has had many ups and downs from comparative cheerfulness to the depths of despair. Very morose and dull today, suspicious about her clothes, and talks vaguely about taking a long journey. She would not speak to me,

or answer any questions, but incoherently muttered about "something hanging over her," and moaned all the while.

Tc. Hell.-Nig. 30, mj., *R. Tc. Nux Vom.* 30, mj. alternate two hours. This appears to have had the desired effect, for when I called a week later she pleaded hard to stop all medicine, as she felt "quite well," but I advised the continuance of Hellebore, one dose at night, and of *Nux* one dose in the morning.

June 27th.—To-day I sat chatting for a pretty long time, but could discover no trace of my patient's late mental derangement, and her daughter afterwards told me that she had progressed steadily since the 23d. A change to the country was advised, and all medicine stopped.

I have since heard, from time to time, that Mrs. P. continues "all right." She has no recollection of her illness.—*Ibid.*

TO PREVENT PITTING IN SMALL-POX.—E. Schwimmer has used the following in one hundred and seventy-seven cases with great benefit: Carbolic acid, 4 to 10 parts; olive oil, 40 parts; finely powdered prepared chalk, 60 parts. The paste was applied on a linen mask.

STEM-PESSARIES.—At a recent meeting of the London Obstetrical Society the condemnation of stem-pessaries seems to have been very general. Mr. K. Thornton, who has had especial opportunities for watching the effects of their use in the most skillful hands, affirms that they do an incalculable amount of mischief. Four or five cases of death resulting from their employment were mentioned.

IS CANCER INOCULABLE?

BY

J. L. SUESSEROTT, M.D.

The above question suggested itself to me after contemplating a portion of the very able "Address in Hygiene" read by Richard A. Cleemann, M. D., before the Medical Society of the State of Pennsylvania.

That an entirely satisfactory solution of the grave question will be ever arrived at admits of doubt. One of our most eminent modern pathologists asserts that "carcinomata can rarely with adequate reason be attributed to external local causes, whilst it is very common for them to luxuriate in internal organs beyond the reach of palpable influence from without." Farther on, the same author states that "the highest grades of cancer-crisis originate through infection,—that is, through the reception into the lymphatics, or more especially into the blood-vessels, of cancer-cells, or of cancer-blastema, of a lax, soft, semi-fluid character. The blastema is carried thither by imbibition, partly in the mere act of nutrition, partly with or without the cancer-cells, through the lymphatics or veins laid open by ulceration of the tumor, or, lastly, by the cancer penetrating into the canals of blood-vessels."* This, of course, implies a multiplication or reproduction of the disease in a subject already cancerous; but is it not possible to introduce these cancer germs by means of an impregnated blastema in the form of lymph that has been removed from a cancerous subject through channels that would be little suspected? I do not pretend to convey the idea that this supposed infection is as virulent, or that it is, as it were, constantly on the alert seeking whom it may destroy, as is the poison of

syphilis; but may not the alarming increase of this dread malady be partly accounted for by the introduction of minute germs through the old and, we are glad to say, rapidly-disappearing method of "arm to-arm vaccination"? When first introduced, these germs may possibly be insufficient to develop a decided cancerous crisis, but by the process of intermarriage of those thus affected, on the principle of duplication of the weakness of the two systems, the products of these marriages appear with an intensified predisposition in that direction, and by reduplication and further inoculation the disease in its pronounced type is fully developed. Lest some who have not given this matter a thought may imagine that the fact of the alarming increase of this malignant and fatal malady does not exist, permit me to quote from the able paper above referred to: "For seventy years the mortality from cancer in Philadelphia has been a little more than eleven deaths in one thousand of the mortality from all causes,—apparently not a large proportion; yet the sum of the deaths from this disease during that period, when reckoned up, reaches an aggregate of above six thousand, or more than half the number of deaths from smallpox during that same time. This, however, is not the whole story. An extraordinary result is reached when we compare the death-rate of this terrible disease in the earlier years with that which obtains in later times. During the five years from 1807 to 1811 (inclusive) the proportion of deaths from cancer to the mortality from all causes was 4.5 per thousand, while in the period from 1872 to 1876 the ratio became 16.4. Think of it! an increase in sixty-five years of nearly four hundred per cent.! This ghastly malady, the clutch of which is certain death, gathers to itself (even making allowance for increase of population)

* Rokitsky's Path. Anat. vol. i, pp. 196-7.

four times as many victims as in the beginning of the century! But, you may exclaim, are the statistics reliable? It is not pretended that before the act of registration of births, marriages, and deaths, approved March 8, 1860, went into effect the mortuary lists of Philadelphia were perfectly correct. Doubtless the records of many deaths failed to find their way to the registration office, but there is no reason to believe that the deaths from cancer especially escaped notice; it is more likely that the deficiencies were scattered through the whole list; so that by calculating from those returns the ratio of the yearly mortality from cancer to the general mortality—as we have done—we arrive at a result accurate enough for our purpose, notwithstanding the omissions of the early registration. The conclusion is sustained if we confine ourselves to the statistics of the years of reliable registration since (1860), though, from the proximity of the periods to be compared, the actual results obtained present a less striking picture. Making use now of a different ratio,—that of the number of deaths from cancer to the population living, by which we eliminate the errors incident to the employment of the total mortality as a standard, affected as this is by the varying meteorological conditions of different years and the fitful sway of epidemics,—we find, in the period from 1862 to 1866, a yearly average of 3.14 deaths to ten thousand of the population living, while in that from 1872 to 1876 the ratio was 3.92 per ten thousand, making an advance for the later years by this method also, now equalling twenty-five per cent. If, as some suppose, the estimates of the population of Philadelphia for the years since the last census was taken—which were made according to the method used in the Bureau of Labor and Statistics—are too high, then the

support will be still stronger, for the ratio for the later years will be even higher.

Another stone may be cast at my statistics. It may be objected that the greater precision of modern diagnosis places now in their true category morbid conditions which would formerly have been classed simply as tumors, ulcerations, strictures, or merely as diseases of various organs; and I confess that it seemed to me, at first sight, that this would fall with crushing weight upon my perhaps too hastily wrought structure. But I went over the lists again, counting and comparing the mortality for *tumors*, choosing the caption because I thought this term was the one most likely to cause confusion in the records of cancer. I ought to have found the mortality from tumors diminished as the years rolled on if death once attributed to them afterwards came to fall under the cause of death cancer. But the contrary was the result; the proportion of deaths from tumors increased as well as those from cancer. I did not go through the same process concerning the mortality from ulcerations and from strictures, but I made up my mind that the stone was a pebble after all, and my house stronger than one of glass; and I also reflected that in the fifteen years of accurate registration at least, from the earlier part of which to the close there had been an increase of twenty-five per cent. in the mortality from cancer, there has certainly not been a parallel advance in the refinement of diagnosis. I found, too, searching the records of London mortality (the models for the world), that they told the same story of the increased death-rate of cancer. In that city during thirty years (from 1845 to 1874) the rate advanced from 3.4 per ten thousand inhabitants living to 5.7 per ten thousand,—an increase of seventy per cent.

If, then, I have unhidden a grain of truth, need I pause to draw back the curtain from the hideous prospect to which it leads us? Four times as many smitten with cancer now as fell two generations ago, what might we expect for those who are to come two generations after?

This is a burning thought, which comes home to us, and which it is our business as hygienists to heed. In this extremity medicine has proved, so far, powerless. Sometimes the knife, in merciful mutilation, has prolonged a life, but the end has been the same,—agonizing death. Can we meet the danger? Unfortunately, the physiologist or pathologist has brought us no new clue by which we may go directly against the enemy. Whence he comes is as much a mystery as ever. But clinicians, in their careful histories of disease, have traced the taint of cancer back from one generation to another, and, establishing the active part which heredity plays in determining the disease, give us a vantage-ground upon which to try resistance. Inspired by this fact, shall we not say, as disciples in hygiene, to those inheriting the predisposition to cancer, “Marry not; or, at least, marry not together”? The intrinsic merit of the address so largely quoted from is sufficient excuse for its appropriation. But, in conclusion, let me add, is not this appalling increase of this one hideous disease within the last two generations enough to make us consider whether it is not possible that some modern practice upon the human system may not be in a measure responsible for a large proportion of it? And, inasmuch as no one thing could have exerted so active an influence as vaccination, should we not abandon now and forever the use of lymph procured from the human subject? The supply of bovine virus is taken from animals among whom the dread disease, cancer,

as compared with the human family, is not of frequent occurrence; and, even if it were, there is not the same danger of condensing the poison by reduplication. But if danger is apprehended from this source, and vaccination is condemned *in toto*, let the edict go forth that “neat-kine” shall no longer be used as food, especially in the uncooked forms so commonly in use.

SYPHILITIC NERVOUS AFFECTION.

BY

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Numerous and exhaustive treatises have been written upon syphilis of the nervous system, and yet much remains to be learned. Within the past two decades, however, great advances have been made in this field of labor, and diseases which were formerly looked upon as obscure and hopeless, and classed as to etiology under the head of idiopathic, have been found to fall within the domain of syphilis and to be attended by a prognosis so much brighter and more hopeful than was at one time the case, that one of the most gifted minds which has adorned the literature of genito-urinary surgery has written, “That the prognosis is better as a rule for nervous symptoms caused by syphilis, than for the same symptoms depending upon lesions equal in extent, caused by another malady of the nervous centres.”

This being the case it at once appears how important it is that we should be able to recognize those affections of the nervous system

which are syphilitic in their nature, and distinguish them from similar conditions into which the element of syphilis does not enter.

Appreciating this necessity, it is only purposed, in this paper, to develop and place in order, concisely and briefly, certain clinical and practical facts already known, while it is not hoped to contribute anything new or original to the literature of the subject.

Symptoms of the nervous system having syphilis for their cause are produced by lesions of the bony envelopes of the nervous centres,—cranium or vertebral column; by lesions of the enveloping membranes,—dura mater, arachnoid or pia mater; or by lesions of the substance of the brain or cord,—in their nature diffuse parenchymatous inflammations or gummy deposits. Besides these there also exists syphilis of brain or cord, *sine materiâ*, so called, where no apparent lesion is found after death.

The *modus operandi* of the production of these symptoms by lesions having their seat in the structures referred to, has been so thoroughly discussed in the monographs and textbooks upon the subject as to necessitate no reference to it here. Yet thorough and exhaustive as are the standard textbooks, there are connected with the subject certain points of great practical interest which they too often fail to notice at all, or noticing them only slightly, impress but little upon the mind of the reader.

That morbid poisons, tainting the blood current, frequently produce congestions of nervous centres, thus giving rise to a train of nervous manifestations more or less severe, is a fact no longer to be denied. This then being the case, it would seem, and it is indeed well borne out, that cerebral congestion is the only pathological change existing in many

of the earlier* conditions of nervous syphilis.

Studying the records of autopsies, it is deduced that the earlier a nervous symptom of syphilis occurs, let that symptom be paralytic or otherwise, the less likely is there to be any lesion which an autopsy would reveal. Moreover, study in this field has taught us, that in any individual case, there exists no constant relation between the character, position, and severity of the lesion, and the character, position, and severity of the nervous symptoms to which the lesion may give rise. In other words, the most skilled and competent observers have found the nervous centres perfectly sound when nervous symptoms preceding death have been of the most serious character, "hemiplegia, perhaps, with paraplegia, aphasia, dementia, mania, general paralysis, symptoms of softening, etc, all and many others which might be quoted, going on to a fatal termination." Again, death may ensue, revealing fearful destruction of certain portions of brain and envelopes, clearly syphilitic, and severe pain in the head have been the only nervous symptom.

Nervous symptoms depending upon syphilis may appear within the first few weeks after infection or at any period later during the life of the patient, but the later the nervous manifestations the more probable the existence of tissue changes.

Let these changes exist or not, or existing, let them be what they may, it will be evident from what has been written, that he must be more than a perfect diagnostician who having a given group of nervous symptoms will designate the causing lesion.

While then we cannot say what the lesion is, in each case, yet we should,

*Here the term *earlier* refers to the period after infection when symptoms become manifest.

by observing certain symptoms, be led to suspect and look for the syphilitic element in those cases where it exists. Here, again, the textbook is exhaustive, and only leaves for us the grouping of certain symptoms bearing upon the diagnosis in certain conditions. Important among these is syphilitic hemiplegia. How easy and how natural it is to look for other causes for this affection, especially when it occurs rapidly, and with a sudden onset? But syphilitic hemiplegia occurs as a rule, without loss of consciousness, even when the attack is sudden; again, differing from hemiplegia, having a different cause, our patients will usually be under forty years of age, and the loss of motion will generally be gradual, constant fixed headache having for some time preceded the attack.

As in syphilitic hemiplegia, so in syphilitic paraplegia, the onset of the paralysis is usually gradual. The loss of motion will rarely be complete, and there will often be no local symptoms to call the patient's attention to the injured portion of the cord. The bladder will always suffer and demands local treatment. Paraplegia may be a manifestation of inherited syphilis.

Another and not very infrequent affection to which peculiar interest attaches here, is the so-called syphilitic epilepsy, more properly designated epilepiform convulsions, having syphilis for their cause. Realizing how almost precisely this trouble simulates epilepsy, and how almost universally it may be mitigated or cured while epilepsy itself is seldom curable, the following points of differential diagnosis cannot fail to be of interest.

Syphilitic epilepsy will usually be found to occur in patients who have not had epilepsy in early life, and who are past thirty years of age. The

attacks are liable to be preceded by headache, and the convulsions occur often, that is many in quick succession, the interval between the series of attacks being comparatively long; during which periods of quietude, however, headache or other nervous symptoms exist and become aggravated, conditions contrary to what obtain in nonsyphilitic epilepsy. More than this, syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

Certain important points bearing upon the whole subject will be found to be embraced in the following remarks. They are important, as they will in many instances of obscure nervous symptoms be found to lead to a suspicion of syphilis, which being followed out and confirmed, the most happy results as to treatment will ensue.

Syphilis, when producing intellectual disturbances, may very frequently be a cause of aphasia.

Paralysis, when involving single muscles or sets of muscles, frequently owes its existence to syphilis.

Mydriasis, when existing by itself or with other signs of perverted nervous action, is frequently an evidence of syphilis; the eye itself of course being not diseased.

Failure of the memory is a common symptom of nervous syphilis, as are also many other mental disturbances, from the slightest hallucinations and illusions to complete insanity, none of which conditions are of necessity, however, accompanied by paralysis.

In marked abnormal and inordinate emotional expressions, accompanied by mental weakness, syphilis is often the first cause.

Brown-Séquard has justly remarked "that the disorderly grouping of nervous phenomena should lead us to interrogate syphilis as a cause, as paralysis of some muscle of the eye

and paraplegia, or paralysis of one hand and the other foot, etc."

Gout may manifest itself in the form of congestion of nervous centres, and thus produce symptoms precisely similar to others produced by syphilis.

"Many an individual, seemingly overpowered by heat on a summer's day, has in fact an explosion of pent-up nervous syphilis, which goes unrecognized and leaves him with impaired brain power, high emotional excitability, some loss of memory, and perhaps some positive paralysis, for all of which the sun gets credit, and no effort is made to combat the syphilitic cause."

Full and comprehensive directions for the treatment of nervous syphilis will be found in the textbooks; it will consequently be only necessary here to epitomize what is there developed in detail.

"No symptoms of nervous syphilis, however alarming, need necessitate a fatal prognosis." "Some cases seem almost to rise out of the grave under the influence of the Iodide of potassium." This remedy, pushed rapidly to toleration, unless the symptoms subside before this point is reached, is the main line of treatment. Mercury, given with the Iodide, is often of great value in severe or protracted cases.

"In the treatment of nervous syphilis the delicate nature of the tissues involved must always be borne in mind. The greater the promptness of action the more efficient the treatment." In those forms of disease which occur early after chancre Mercury alone is called for, put even here the Iodide should be held in readiness. "It is the latter agent which most quickly controls the symptoms in desperate cases, *not in mincing* therapeutic doses, but in specific doses of ten to twenty grains, commencing at

as rapidly as the stomach will bear it until the symptoms are stayed and forced to retreat. This result may be confidently counted upon in all cases where the diagnosis is accurate and treatment is not commenced too tardily and pushed indolently, if the stomach is sound. The effect of Opium upon pain is not more wonderful or more striking than is that of the Iodide of potassium upon the nervous manifestations of syphilis."

Destroyed or indelibly injured nerve tissue cannot be reproduced by treatment, and in many cases, especially where treatment has been delayed, certain functional disorders will remain which treatment cannot affect.

After having carefully reviewed those cases of nervous syphilis recorded in all publications of the different schools to which access could be obtained, we feel warranted in stating that the Iodide of potassium and Mercury (not in small doses) are the only remedies upon which reliance may be placed.

Our own fallibility in selected remedies upon the law of similars, the delicate nature of the structures involved, the dangers of the delay, the almost universal certainty of affording relief through the heroic use of the Iodide, aided in some cases by Mercury, all imperatively urge us to pursue no other treatment. Lastly, change of air and surroundings frequently influence treatment to a marked degree and may be essential to success.—*Jour. of Electrology.*

Dr. C. H. Lanphear, has removed from Stafford Springs, Conn. to Southbridge, Mass.

Dr. S. F. Shannon of Pittsburgh, has returned from an extended absence in Europe.

INVERSION OF THE UTERUS.

A number of cases of this nature have recently been reported to the Société de Chirurgie, and M. Chavernac, on the 23d of June last, after reporting a case on which he had operated, read a paper on the subject, in which he arrived at the following conclusions:

1. Inversion of the uterus may be complete.

2. It may come on in consequence of the dilatation of the organ, or be congenital.

3. Violence or bad management during labor is the most frequent and the most efficient cause of the affection.

4. Complete uterine inversion may cause death rapidly immediately after its production, but it is not necessarily incompatible with life.

5. Its diagnosis is easy, and it is difficult to understand how errors have been committed by many distinguished surgeons.

[As a matter of fact, however, such errors, as is well known, are by no means uncommon; and an inverted uterus has quite frequently been removed under the impression that it was a polypus.—Translator.]

6. The prognosis is always bad.

7. Reduction should always be attempted.

8. Surgical treatment is only justifiable after all other means have been exhausted, and if life is seriously threatened.

9. The operation by the bistoury has given place to that by the ligature.

10. A badly-applied ligature may occasion serious symptoms.

11. A much larger percentage of successes has followed the use the elastic ligature than when other modes of treatment have been employed.

ICE FOR THE SICK ROOM.—A convenient method of preserving ice in the sick room is as follows: Tie a piece of flannel round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In such a flannel cup, ice may be preserved for many hours, and still longer if care is taken to cover the ice over with a piece of flannel. Cheap, open-mesh flannel is preferable, as the water easily drains through it, thus keeping the ice quite dry. When breaking the ice into small pieces, use a common needle. By forcing this into the ice, within a half-inch of the edge all round, it may be broken up easily and noiselessly; indeed, it is quite surprising to one who tries it for the first time. It will break ice more cleanly and more effectually than hitting with a large hammer.—

Druggists' Advertiser.

SLEEPLESSNESS.—The following is recommended as a cure for sleeplessness: Wet half a towel, apply it to the back of the neck, pressing it upward toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain, and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain-work or pressing anxiety, this simple remedy has proved an especial boon.—*Med. Press and Circular.*

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BRONCHIECTASIA.

BY

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PATHOLOGY.

The morbid anatomy of this disease shows a part of the bronchial tubes to be dilated to three or four times their normal size. Sometimes the dilatation is pretty evenly distributed through the lungs, and at others it is confined to a few tubes; or it may be of the tubes of one lung only, the tubes of the other lung participating in the disturbance slightly or not at all. Sometimes the bronchial tubes become closed below the dilatation and then the form of the enlargement becomes quite globular or pouch like. The dilated tubes are everywhere lined with mucous membrane, which retains its ciliated epithelium unimpaired.*

Pathologically, alveola emphysema is a dilatation of the terminal ends of the bronchial tubes, or of the bronchial cells of the lungs, is quite distinct from bronchiectasia, though both of these conditions may be present in the same person. (Interstitial emphysema from a rupture of some of the bronchial tubes and the escape of the air into the inter-lobular connective tissue of the lungs, is not here treated of.) The dilatation of the bronchial tubes is not, in most cases, so extensive as to give a tympanitic sound on percussion. When it is pouch like and of considerable size, and the pouch is empty, this sound may be detected to a moderate extent. But for the most part the percussion of the lungs with dilated bronchial tubes, gives the same sound as healthy lungs.

SYMPTOMS.

In bronchiectasia the cough and respiratory disturbances are the most constant symptoms. In some cases the cough has continued for years

*Pathological Anatomy, by Dr. J. Orth.
Boston: Houghton, Osgood & Co.

with nothing to distinguish it from a common catarrhal cough of considerable severity; or it may resemble the severe cough from the bronchial inflammation accompanying tuberculosis. Though varying in different cases, the catarrhal features predominate. It may be loose and rattling, or have considerable reflex disturbance and be spasmodic and ringing, with retching and gagging.

Where the dilatation is sacculated, and the secretions have accumulated in the sac in considerable quantity, a violent paroxysm of cough comes on, and there is a sudden raising of a large quantity of pus-like matter which is usually fetid. In the progress of this disease many symptoms are developed, resembling phthisis on one hand and chronic bronchitis on the other. In some cases the catarrhal symptoms have the asthmatic form, and the attendant asthma is the most noticeable symptom. In fact, this pathological lesion is the foundation of many cases of asthma, and a good impression can be made on the asthma only by palliating or curing this process.

Again, though this disease is quite distinct from alveola emphysema, both as to pathology and symptoms, there are cases where both diseases are present in the same lungs and then we find symptoms common to both diseases.

In some cases there is considerable variation in the manifestations of this disease. When one with this disease takes cold or from any cause has an acute catarrh of the bronchia, all the symptoms come out in bold relief. And again, in the lighter forms, when the catarrh terminates by natural limitation or from medical treatment, there is a very considerable abatement of all the symptoms, and the patient may go on for weeks or months with no great disturbance from it.

But so soon as an acute catarrh comes the symptoms show themselves as before.

In some cases there is only a very moderate mitigation of the symptoms but a chronic and persistent state of invalidism.

Diagnosis.—Bronchiectasia may be confounded with phthisis pulmonalis and with chronic catarrh of the bronchia. It can be distinguished from phthisis by the lack of the chills, fever and sweats, and other symptoms of pyæmic poisoning common to tuberculosis, together with the lack of the physical signs of tuberculosis. On examination of the chest we fail to find the shrinkage of one or both sides of the chest, usually found in tuberculosis and there is no consolidation of any part of the lungs, so that no part of the chest gives a dull sound on percussion; and usually the system is better nourished and the muscular development more full than in phthisis.

From chronic catarrh it can be distinguished by the sudden raising of a quantity of matter, and more surely if the matter is fetid. But the more moderate manifestations of bronchiectasia are not so easily distinguished from chronic catarrh of the bronchia by the physical signs, as by the persistence of the pulmonary trouble, which is shown not to be tuberculosis and is borne, year after year, with considerable measure of good general health. In such cases we may be pretty sure that a dilatation of the larger bronchia is at the bottom of the catarrhal trouble and cough. o

Prognosis.—Good palliative results may be expected in all cases, and by continued treatment the lighter forms may be cured. Dr. Monti, in his Poliklinik in Whiplenger-strasse, in Vienna was accustomed to promise a radical cure in the worst cases, when I frequented his very instructive Vorträge über Kinderkrankheiten in 1878.

I have used the third decimal trituration of Terebinthina, in powder, or the powder dissolved in water, with the best results. By Terebinthina I mean the Venice turpentine, trituated with sugar of milk, of the usual form of one to ten, and not spirits of turpentine, which is a distillation from pine pitch.

Dr. Monti, before mentioned, was accustomed to prescribe the inhalation of the vapor of spirits of turpentine, formed by pouring some in a bowl containing boiling water, and then let the patient hold his head over the bowl and breathe the vapor.

This procedure, he claimed, was very prompt in its effects, relieving the breathing and cough in the worst cases, and was of the first importance for the relief of the asthma attendant upon this disease.

For a radical cure he enclosed the patient in a receiver, made by stretching a rubber covering over a frame, with the patient wholly enclosed but the face, and then exhausting the air with an air-pump as much as the patient could comfortably bear, and keep the patient in this state from five to ten minutes. His explanation of the process was that with the atmospheric pressure in a measure removed from the surface of the body the expansive power of the air in the lungs, stretched and lacerated the dilated bronchia and brought on a kind of suppurative inflammation of their coats, and that during the process of healing they became contracted and permanently healed.

I am happy in presenting this paper to my colleagues to be able to do so without citing half the remedies in the *Materia Medica* to be used in the cure of this disease.

There may be other remedies, but the ones mentioned I have used with success. For complications with alveola emphysema, Arsenicum and

Carbo. veg., will be thought of by all good physicians, and so any other complication must have influence in selecting a remedy which will cure.

But for the uncomplicated bronchiectasia I recommend Terebinthina with confidence.

CURING EPILEPTIC FITS.

Translated by C.

Under this title the *Allgem. Hom. Zeitung* publishes a very interesting article from which we quote the following:

"In No. 41 of the *Berliner Klinischer Wochenschrift* of 1876, Prof. Dr. Nothnagel of Jena, has published an account of curing or stopping epileptic fits in the case of a woman thirty-seven years of age, by the use of common table salt. In her youth she had excellent health; in her eighteenth year she was attacked by the first epileptic fit, which repeated itself from that time at longer or shorter intervals, generally without any apparent cause, sometimes, however, after emotional effects.

The character of the fits was that of a severe form of epilepsy, followed by the loss of consciousness, general convulsions and biting the tongue, &c. After the fit the patient generally slept for several hours after which her normal state was restored. Of morbid phenomena between the fits there were none, neither did her mental faculties suffer. Each fit was introduced by an "Aura Epileptica," which occurred from a quarter to a half an hour before the loss of consciousness and convulsions set in. The patient felt a peculiar anxiety,

the nature of which cannot be precisely described, it was a feeling of pressure, the seat and starting point of which she designated as the epigastrium; this feeling rose as it were behind the sternum up to the throat accompanied by increased gasping for breath, then downwards, again upwards until it finally reached the head which was always turned to the right, consciousness then vanished and spasms ensued; only in rare cases the fits ceased with the mere beginning of the sensations, without being followed by spasms.

The patient to remedy her misfortune had used a great number of medicines and remedies but without effect. Finally a neighboring woman told her to swallow some table salt as soon as she noticed the harbingers of the fit. She acted accordingly and stopped the fit; she repeated the experiment always with the same success. If for instance she were overtaken in church with these harbingers without being able to procure salt, the fit came on and passed to its termination.

The patient took the salt into her mouth and swallowed it by the aid of water. A teaspoonful of salt did not suffice; she usually put a handful into her mouth; she then felt the peculiar anxiety and sense of pressure disappear in proportion as the burning feeling produced by the salt in the œsophagus passed downward.

Relying directly on this observation, Dr. Schultz of the navy department has published on page 659, No. 45, of the year 1877, the following case of a sailor eighteen and a half years old, who had voluntarily entered the navy to serve four years. Being examined by the physician he said that he had a fit when he was eight or nine years old but had been perfectly well ever since.

He was to make a voyage of two years duration to the eastern part of

Asia on board of "His Majesty's ship Elizabeth."

The ship left Kiel on the 14th of October, 1876, and was on Nov. 10th in the North Atlantic Ocean. The patient left his hammock in the night when the watch was relieved, and immediately after appearing on deck was punished for some slight offence, by being obliged to stand still for an hour. Suddenly after standing three quarters of an hour he fell down on the deck unconscious and was seized with spasms which were recognized by the physicians present as epileptic fits. When the spasms ceased he fell into a deep sleep which lasted far into the morning. He could give no distinct cause for the fit; he said, however, that he had suffered all day with a headache and giddiness adding that he knew nothing of the fit, or what followed until he awoke.

On the same afternoon, at 3 o'clock, he had another fit, and after that time daily. The fit at first making its appearance between 3 and 4 o'clock P. M. Then for a long period between 2 and 3 P. M., until finally it occurred near 1 o'clock. The misuse of spirits, feigning, etc., as the cause were excluded in this case. The time was changed for taking the meals. Chinin. (2, 5 Gramm. p. d.) Brom. kalium, Belladonna, Strychnine, Arg. nitric. Morphinum Chloral hydrat., etc., all were used without the least success. The general condition of the patient between the different fits was very good, neither was any derangement of his mind up to that time recognizable.

The "Aura Epileptica" consisted in a feeling of weariness which came very suddenly, and a peculiar pressure rising from the stomach to the pharynx which caused him to lie down, where he fell asleep immediately, but after a sleep of about ten minutes was seized by the spasm,

which lasted from five to fifteen minutes, with varying force, finishing always with a sleep of from two to three hours duration.

On March 22d, 1877, the treatment with common salt was begun by administering first a small teaspoonful of finely ground salt, followed by some water, but without success on that day. On the following day at the proper time a very large teaspoonful was given. The fit did not occur for the first time since the beginning—one hundred and thirty-four days before. The use of this remedy was stopped on March 27th, and the patient after six or seven weeks was dismissed as cured; blooming and fresh as ever before and enjoying life with his wonted cheerfulness.

Dr. Schultz in closing says: "The effect of the salt itself can hardly be accounted for in any other sense than that of reflex action, and the idea suggests itself that a breaking up of this chronic condition and a stopping of the fits might be brought about even if a cure be not effected."

Well! What have we Homœopaths to say to it? It is an undeniable fact that the epileptic fits in both cases ceased by the use of an heroic dose of salt, and, as both authors surmise, in consequence of reflex action. In judging of cures, is a mere surmise sufficient?

Can a surmise be sufficient for us, who are accustomed to say, "*because* the applied remedy in a certain case of sickness had analogous or homœopathic or specific reference to the diseased organ, *therefore* this remedy brought about the cure?"

Did in this case salt have such an analogous reference, and did it bring about the cure for none but this reason? In our opinion, in this case we cannot speak about a homœopathic cure—for the few nervous symptoms which appear after large doses of

salt given homœopathically, and which are recorded in our *Materia Medica* do not justify us in drawing such an inference. The necessary large doses of salt especially is a circumstance which is difficult to explain. At any rate it is interesting to know that this remedy, which is now used by scientific men, was suggested as an old home cure by a woman from the people, and was administered with success.

VIBURNUM OPULUS FOR THE PREVENTION OF AFTER PAINS.

E. M. HALE, M.D.,

Chicago, Ill.

Two years ago, I communicated a case to one of our Journals, in which case the administration of *Viburnum Opulus*, 5 drops 3 times a day for two weeks preceding labor, had as I believe altogether prevented the unusually severe *after pains* with which the lady had previously been tormented. She was the mother of four children, and after every previous labor except the first, the labor pains had been violent and spasmodic, and had lasted from thirty-six to forty-eight hours. Since the publication of that case, I have had several others in which this medicine appeared to have a similarly good effect. But as "one swallow does not make a summer," so one case is not considered good proof. But it has happened that lady who was the subject of the case reported, has recently again been confined. With a wholesome dread of the old *after pains*, she took the *Viburnum* as before, and had an unusually easy labor, and as before, had *not one after*

pain. Doubters should now be convinced of the virtues of this remedy.

A PECULIAR CASE.

BY

R. L. DODGE, M.D.

Portland, Me.

On January 6th, 1878, George A. Jordan, 23 years of age; single; about five feet nine inches in height, sanguine temperament, stout and robust; banker's clerk by occupation; applied to me for relief from ptosis of both upper eyelids. He informed me that the left one became affected about two years before, and the day he came to see me the right one had taken on the affection. On questioning him very closely, the only prominent symptom or starting point in the case was, that for some time previous to the affection of the left lid, he had had about once a month excruciating sick headache.

On raising the right lid mechanically I noticed a slight strabismus; could discover nothing else abnormal about him. He had been through the hands of the "old school," and treated "heroically." I can assure you, from the description of doses of medicine taken and finding that he had been pretty thoroughly drugged, I gave him a small bottle of pellets of *Nux vomica* with directions, and to see me again in three days, at the end of which he returned, and informed me that within twenty-four hours after commencing to take the medicine his left eye began to open, and at the time he called it was as well as ever, sight good, etc. I then put him on *Gels.* 3 for the right eyelid, with the instruc-

tions that when one of his sick headaches was coming on, he should see me at once. In about a week he called on account of the headache; stopped all other treatment and gave him *Nux vomica* 200, which relieved all symptoms of headache in four hours, and he never had another or symptom of one. I then continued *Gels.* in all potencies up to the 200th, without any perceptible relief of the right lid. Some of the symptoms pointing to Bell., I gave him the same course of that as I did with *Gel.*, without any effect, I then gave him another thorough examination, but could elicit nothing, except that he was apparently in perfect health every other way, and I will state that from this time until his death, through all the phases of his disease, he never knew pain, except occasionally a twinge of a over the right eye. I began to notice shortly after this, a tendency to weakness of the whole left side, which gradually assumed paralysis of the leg, or more especially the knee—the extensor muscles of the arm seemed to have lost all power, while the flexors retained theirs, keeping the forearm flexed at right angles with the upper arm, and the hand clenched—this state of affairs continued for some months, with a gradual tendency to paralysis of the tongue and muscles of the larynx, in spite of all medication; this brings the case up to September, 1879. Paralysis of the muscles of larynx now began to increase very fast, the epiglottis being the most affected; he soon was obliged to take his food while lying on his back, through fear of strangulation, his eyesight now began to fail entirely, his speech was thick and labored, appetite excellent, wanted three meals a day and plenty of it; slept natural; intellect clear, and perfect; a natural movement of the bowels every day, and urine normal; the abnormal

symptoms continued to grow more marked from day to day, until within three or four weeks of his death, when I was called in haste and found him with alarming symptoms of congestion of the brain, which treatment partially relieved, but he did not get out of his bed again, except to urinate, which no persuasion would induce him to do with the aid of a bedpan.

He then failed rapidly, until the 29th of January, 1880, when he gradually breathed his life away, without pain or suffering. My diagnosis of the case when he came to see me first was pressure at the base of the brain, from some unknown cause—of all the remedies which he received Silicia seemed to do him the most good—after a few hours earnest discussion with the family, I was enabled to make a post-mortem examination, assisted by Dr. Dudley, and in the presence of Drs. Burr, Hersom, Holt, Thayer and Spaulding, the result of which I herewith present. On removing the calvarium, the following condition was found: Cranial cavity filled to its utmost extent by the cerebral mass; the exterior of the dura mater uneven and lumpy, and the left hemisphere more prominent than the right, measuring three-quarters of an inch more from the longitudinal sinus to the left ear than to the right ear, venous congestion. Dura mater on left side, near longitudinal sinus, adherent to the brain substance for a small space, and upon section found thickened. On removing the hemisphere there was found a fibro-cystic tumor, the size of a small orange, extending from the anterior clinoid process to within an inch of the foramen magnum, and laterally encroaching on the apices of the petrous portion of the temporal bone. It was located beneath the dura mater, and carried all the structures above it. It in-

volved the body of the sphenoid bone and contiguous portions of the temporal bones, so that they were to quite an extent broken down easily by the handle of the scalpel; there appeared to be a rupture of the tumor to the under surface of the left hemisphere which was carried upwards, thereby producing a cavity found filled with clotted blood and a small detached tumor the size of an English walnut, the optic nerve, commissure tract, olfactory nerve and bulb, were all carried upward and were greatly attenuated. The brain substance throughout upon section looked healthy.

AN EXPERIMENT.

BY

N. C. RICARDO, M. D.,

Passaic, N. J.

Mrs. C., age 40, is the mother of six boys, five of them living. She has Pulmonary Phthisis; has nursed but one child, and that broke out in dreadful sores, which lasted till the child finally died in a convulsion. Two years ago, after the birth of the previous child, she became very much emaciated; having a severe cough with expectoration. She rallied from her condition at that time, and when she became *enceinte* with the present child, her health began failing her again. Previous to the birth of this child, her health was miserable. Suffice it to say, she recovered from her confinement, and began, apparently, to enter a good condition of health once more. An examination revealed the indications of extensive past trouble, and at present, ulceration of the middle right lobe.

She nursed her little one two weeks. After the first week it began to sicken, and broke out with E. Impetiginodes. This condition grew worse; so that at the end of the second week, the child was weaned. The father of the lady thought it would be best to have a little dog nurse the breast, rather than dry up the milk. My curiosity to know what effect this woman's milk would have upon the dog, caused me to acquiesce.

The dog began nursing September 6th, it being two and a half days old. For the first few days it seemed to thrive and do well. On the 15th inst. I called at the house, and the mother said the dog was not so well; that it was refusing the breast, and that there was eruption on it. On examination I found E. Simplex. From this it grew rapidly worse, and died the next day evening. It lived ten days after first nursing. Query! Would not this woman's milk have caused the death of her child in time? And again, was not her milk instrumental in the death of her child that died?

The child and dog both began to sicken at the end of the first week. Then they both got E. Simplex. The child grew worse, became emaciated and got E. Impetiginodes.

The dog grew worse, couldn't stand it, and succumbed on the tenth day.

The child is improving rapidly. The crusts are dropping off, leaving a healthful surface exposed. Also, the little fellow is getting fleshy. The mother is not so well since the death of the dog.

In this connection, I will mention the case of a young woman, mother of three children, who, two years ago, had Pulmonary Phthisis; and when carrying her last child, the disease again made its appearance in a formidable manner. The child was

born in January last. The mother did not nurse her child. Her recovery was a little tardy, but there has not yet appeared any of the old trouble. The child is a dumpling, and the perfect picture of health.

September 20th, 1880.

TYING THE CORD.

BY

T. C. HUNTER, M.D.

Wabash, Ind.

In the July number of the *Medical Advance*, the question of "Tying the Cord," is discussed by J. C. Saunders, M.D., of Cleveland, Ohio. The Professor is opposed to the practice of leaving the cord untied. His positions are all taken, and his arguments conclusive. He says: "I am free to assert, that, to have the cord unligated when severed by the ordinary or common scissors, or any instrument of sharp cutting edge, is a culpable adventure and criminal, because a wilful neglect warranted by no proven fact in the state or condition of the new born child," to which we heartily assent. And yet we cut the cord before tying, and do not as a general rule tie until the child is washed and the nurse is ready to dress the navel; then we tie with a firm round cord, and have no difficulty afterwards.

But why not tie in the old orthodox way before cutting? Because it is claimed by those who have had large experience that the child, whose cord is allowed to bleed, is more free from colic and other infantile diseases, and from our somewhat limited experience, we are led to think there may be something in it.

We always cut before tying, and there is not usually more than a teaspoonful of black blood that oozes from the cord. In some cases when the cord is cut before it has ceased to throb, there is a very free flow of blood in jets, which indicates that the blood comes directly from the child's heart. In such cases the child would bleed to death in a very short time. We do not wait for it to make more than one or two spurts, until we seize it with our thumb and finger and stop it, at the same time directing the nurse to tie the cord which tying we carefully examine afterward while dressing the cord. By that course, we save any advantage there may be to the child, and yet keep on the safe side. There arises the question: When should the cord be cut? The authorities generally direct to wait until it stops throbbing. Why is this necessary or advisable. If the respiration and circulation are well established, what advantage is gained by delay? If the placenta is cast loose and is found low down, as it is in a majority of cases, it is certainly a loss to the child, to keep up the circulation through this now useless appendage. It takes too much of the child's blood to fill up the placenta, or rather to effect the exchange of the pure blood of the child for the impure blood contained in the placenta, and this exchange or mixing must surely take place, and thus be a prolific source of trouble to the child. If the placenta is adherent either wholly or partially, there is still no gain to the child, as it is now an independent being. Why not cut as soon as the respiration and circulation of the child are well established? and save all the pure blood of the child, except the small quantity that will flow before you can stop it with your thumb and finger. This course avoids all the dangers, the learned professor so earnestly warns

us against, and gives the child all the advantages claimed by the non-ligationists.

INTERMITTENT FEVER.

GEORGE M. OCKFORD, M.D.

Burlington, Vt.

The question of treating intermittent fever has caused, perhaps, as much controversy as that of any other disease. The parties may be divided into the quinine and anti-quinine. Having encountered the disease under different circumstances, my conclusions are that both parties are somewhat astray in their views. In a thoroughly malarious district, where "shakes" are indigenous, and where everything becomes more or less periodical in its character, the use of quinine is frequently called for, but cases of fever and ague are curable, even in those places, with highly attenuated homœopathic drugs. Oftentimes I have seen the administration of the 30th and 200th potencies followed by most satisfactory results. But to get such results requires the nicest discrimination in the selection of the remedy, *i. e.*, it must cover the totality of the symptoms presented by the attack of ague. Possibly some physicians are more observing than I am, and can elicit symptoms with much more certainty, but my greatest trouble was to get anything more than "got the chills" or had "cold fever and hot fever" or some such unintelligible account of their sufferings from a large number of patients that I have treated for that disorder. Now, in such cases, always the primary indication is to cure your

patient, and that is sooner accomplished by breaking up the attack of intermittent. Quinine may accomplish the last result and is more sure to do so than any other known remedy for I believe that in addition to its anti-periodic action, it is antidote to the malarial poison. When I say Quinine, I would amend by saying that or some of the preparations of Cinchona or Calisaya. Having broken up the paroxysms, they may be treated as "badly treated cases" and cured. My experience has been that no class of patients are more impatient than those suffering from fever and ague, and if they do not see almost immediate effect from the medication, they are very apt to resort to some "patent medicine" compound that may be a hundred per cent. more deleterious in its effects than the innocent dose of Quinine given to arrest the paroxysms. The time may come when people will not trifle with their health by resorting to any vile compound which is temptingly displayed and advertised, but with the present tendency of humanity, and the haste to see tangible results in intermittents, unless the indications for the proper homœopathic remedy were marked I should not hesitate to employ Quinine. But exceptions should be made of chronic cases which are always amenable to treatment by such remedies as *Natrum mur.*, *Arsenicum*, *Pulsatilla*, *Ipecacuanha*, and others, and of cases in which Quinine had been previously administered. One great difficulty in malarious districts is the domestic practice of taking Quinine. I have known in many instances of its being administered as a preventive constantly, so that a quinine-cachexia with enlarged spleen, etc., had been developed. If these patients have fever ague, great care is needed not to make the case worse by an injudicious exhibition of quinia. In fact, so

many idiosyncrasies are met contraindicating its use, that a routine practice of any description in treating intermittents is radically wrong. The disease can be cured with the properly selected homœopathic remedy without doubt, but in acute uncomplicated cases occurring in malarious districts, quinine is often necessary and its administration followed by beneficent results.

From the standpoint of practice in a non-malarious district, a physician naturally inclines to the anti-quinine view, and he can safely say that the drug in question is totally unnecessary for the treatment of intermittent. If cases do occur, they are easily cured, and those cases which come from malarious districts yield to treatment just as readily as those to the "manor born." Having had experience in malarious and non-malarious districts, I can look with charity upon those who blunder on empirically with quinine, and those who declare it to be *emeritus* in the light of homœopathy. The abuse of all drugs is what has caused more suffering than their intelligent use, and this is as true of quinine as of any other. The question of treatment presents different phases, and, like the man and the lion in *Æsop's fables*, the statue erected depends wholly upon the conditions and personality of the sculptor.

DR. J. C. GILCHRIST's experience has supplied the pages of his work on *Surgical Disease* with some welcome observations and corroborations, of which we may instance the value of *Lachesis* in traumatic, and of *Secale* in senile gangrene; of *Iris*, in tincture

or substance, as an abortive application to whitlows; of *Cuprum aceticum* 6 in commencing tetanus after an operation; of Gallic acid in aneurism; of *Pinus sylvestris* and *Brucea antidysenterica* in talipes valgus and varus respectively; of *Calcareo* and *Silicea* in ganglions; and of *Erigeron* by inhalation of the tincture in epistaxis. He supports Dr. Helmuth as to the efficacy of *Allium Cepa* in traumatic neuritis; but follows him into error as to the disease stated by Boileau to have been cured so largely by *Hydrocotyle*, which was not lupus but elephantiasis. He is rather rash, too, in saying that Dr. Cooper reports "a number of cases" of cure of cancer of the tongue by Muriatic acid; only one or two of Dr. Cooper's cases treated with the acid belonged to this dire disease.

OBITUARY.

WILLIAM WRIGHT.

Dr. William Wright, of Brooklyn died on the 23d Sept. after a long and painful illness. The deceased, who was seventy four years of age, was born in Cambridge, commenced the study of medicine under Dr. Matthew Stephenson, of Cambridge, in 1828, graduating at the Vermont Academy of Medicine in 1833. It was after he had achieved some success as a teacher that he risked the diversion of his mind from one object of his life—the study of medicine. In 1829 he was elected principal of the English department of the Salem Washington Academy, which unforeseen circumstances induced him to

resign and he was free to return to the study of his profession. In 1831 he entered the private office of Professor Aldenmarch and spent the winter there studying and dissecting under his immediate instruction, and in attendance upon the full course of lectures in the then unincorporated Albany Medical College. In 1836 he accepted an invitation from Dr. Jacob S. Miller, of Claverack, N. Y., to enter into partnership with him and continued the relation for five years.

He became a convert to homœopathy, and seeking a wider field of labor, removed in December, 1852, to Brooklyn. In 1857 he assisted in the organization of the Kings County Homœopathic Medical Society, and early thereafter was appointed one of the delegates to the New York State Homœopathic Medical Society. In 1862 he was elected President of the former society, in 1864 a "permanent member" of the State Society, and in 1866 its first Vice-President. In 1867 was elected a member of the Institute; in 1869 he became President of the State Society and in 1871 was elected Professor of Diseases of Children in the clinical course of the Hahnemann Hospital of the city of New York. Dr. Wright has contributed several valuable papers to the *North American Journal of Homœopathy*, the *AMERICAN HOMŒOPATH* and also to the Transactions of the New York State Homœopathic Medical Society.

Dr. Wright was a self made man in the highest sense of the term and owed all his success to diligent and faithful labor in whatever he undertook.

Dr. Wright had been suffering for five years from an injury which he sustained in one of his feet. For two years he had been an invalid in consequence of kidney disease, which was the direct cause of his death.

THE
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*A Monthly Journal of Medical, Surgical
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EDITORIAL.

OPEN AIR EXERCISE.

The attainment of success in any desired field, professional, financial or political, the goal of the young American, has, as not the least of its requirements, a sound vigorous body. The capacity to plan, to execute, judgment and foresight are powerless unless they are supplemented by a muscular well developed frame, that can supply the physical strength to withstand the immense strain that distinction in our day demands. In the fierce struggle for place and power, that attend nations alike with individuals, the na-

tion or individual which possesses the most robust physical organization, even though it be joined to grosser and duller brain, is the one that triumphs in the end. The power to endure, to struggle through doubt and discouragement is the power that wins the final victory.

A sound mind in a sound body was a maxim in ancient Greece, and she wisely stimulated the ambition of her young men in the direction of athletic sports, and to day Greek art and Greek literature are the admiration of, and models for the world, not that the developments of physical strength alone gave excellence to art and literature, but that it gave a sound body to a sound brain. As a nation we are in danger from the neglect of the physical exercise which is to give to the coming American the health that is to enable him hold his own in the struggle for life. We need more out door amusements, and we want a better and more thorough use of those we have. We want that our American physicians should lead off in this direction, that they should ride less and walk more and that they shall become expert with the rod and gun, and proficient with the bat and oar.

In England, where athletic sports hold an honored place, physicians have a merited prominence, and in the celebrated All England Eleven, three physicians have place, one of whom Dr. W. G. Grace has world wide fame for his skill. A wise example to the physicians of this country.

REVIEWS AND NOTICES OF BOOKS.

SCRIBNER'S MAGAZINE.

For November. The initial number of a new volume comes to us in a new dress, which we cannot regard as any improvement upon the old. Those of our readers who do not read Scribner's (and we presume all will admit the value of lighter literature as dessert after the solid mental pabulum of our usual diet) will find this an excellent season to subscribe. A volume of *Scribner's Magazine* is an epitome of the world's progress.

POPULAR SCIENCE MONTHLY FOR NOVEMBER, 1880. New York: D. Appleton & Company. Fifty cents per number, \$5 per year.

"*The Popular Science Monthly*" for November is of unusual strength and attractiveness. Its first article is the beginning of a series by Herbert Spencer on "The Development of Political Institutions." These papers will be of great value, and must attract wide attention. No subject is more interesting from a scientific point of view, and none more important from a practical point of view, than the growth of human society under the operation of great natural laws.

The second article is by the distinguished astronomer of Princeton, Professor Young, and is devoted to the problem of "The Sun's Heat." The paper gives the most recent results of research, and from its numerous and striking facts, and the clearness with which they are stated, is extremely interesting. D. F. De Costa contributes an article on "The Glacial Man in America," which aims to answer the question, When and un-

der what circumstances did America receive her first human inhabitant? Under the quaint title of "A Flock of Mythological Crows" Dr. W. H. Gardner treats us to a most entertaining discourse on the part played by ravens in the literature of myths and fables in different times and countries. Galton's curious disquisition on "Mental Imagery" is given, and is followed by a paper on "Hypnotism" by Geo. J. Romanes.

All the departments are very attractive, and especially that of "Correspondence," in which Dr. McCosh, of Princeton, and Professor Adams, of the Michigan University, each defend their respective institution against these trictures of the editor in his now famous article on "Sewage College Education."

THE BRAIN AS AN ORGAN OF MIND. By H. Charlton Bastian, M. A., M. D., F. R. S. With 184 illustrations. 8vo, pp. 700. New York; D. Appleton & Co. 1880.

There is no other path of investigation which exercises so much fascination, as the study of those mental phenomena whose outcome is Will, Thought or Consciousness. Not alone to the physician, but to all who pause amid the pressure of material interests, to wonder whence comes the innumerable throng of thoughts that crowd the mind, emerging for a moment from the darkness that enshrouds their birth, brightening for an instant and then fading away. A few to leave their impress on the tablets of memory—the many to disappear in endless obscurity.

For ages the brain was regarded as an instrument whose cords vibrated

to the touch of an ethereal mind, that was above and beyond the laws of Nature to which grosser matter was subject, and it has only been within recent years that science has boldly advanced the idea that the brain, and the brain alone, was the source of mental manifestation. To produce a book which, while dealing with the latest hypothesis of brain action, and with much that is of necessity technical and obscure shall be at once thorough and popular, is a task of no ordinary difficulty, and one which few persons could accomplish as satisfactorily as Prof. Bastian. Beginning with the lowest forms of animal life, where the distinction between animal and vegetable life is so slight that the author speaks of the "transmissions from animal to vegetal, and from vegetal to animal," and where the animal exists as a mere speck of jelly-like matter, with no trace of an organ. A cell that is all mouth, all stomach, or all muscle, as occasion may require, the formation, origin and growth of the nervous system is traced through its slow development until it culminates in the brain and nervous system of man.

"Heat and light are physical influences to which even the lowest units of living matter respond, whether their mode of life or nutrition be most akin to that of plants or that of animals.

"The operations of such influences and their results, form the beginnings of other phenomena, which, with the aid of more localized influences, and the intermediation of a more and more complex nervous system, gradually evoke and potentially organize the various definite and responsive movements of organisms."

Touch, the most extended of the senses, is the earliest developed, after which sight, at first a mere difference of light and darkness, hearing, taste

and smell are more and more slowly developed, and may all be regarded as differentiations of the sense of touch.

From and upon this basis, thought, sensation and the various manifestations of mind are built up. It is a curious question for the student of psychology, at what point and in what manner does consciousness, the sense of personality begin? We may doubtless look upon vital actions of the lower forms of animal life, wonderful as they may appear, as simple reflex action of the nervous centres to certain stimuli. Does consciousness come to the mind some genus or specie as a sudden complete sense of being, or does it begin as a mere shadowy something that grows more and more complete as the nervous system grows more and more complex? Even in man there remains actions which clearly have their seat in the brain, but are carried on with entire absence of consciousness. And as these are to be regarded as mental phenomena, similar actions occurring in other parts of the nervous system are also included in the action of the mind, and hence the brain is to be considered as an organ and not the organ of mind.

We regret that the space at our command does not enable us to enter more fully into the consideration of the many subjects of interest treated in this book, but those of our readers who are interested in the subject of mind will doubtless read for themselves. To the student it is of particular value, as it presents a thorough and exhaustive treatise upon the source, origin, functions and derangement of the mind in an attractive and interesting manner.

CONSTIPATION. — "And then in *Mezerium* we get an all but never

failing aperient. A drop of the mother tincture taken at bed time in a little water, will be followed next morning by an easy, natural action from the bowels, and unaccompanied by pain or straining. Though I have used it in some hundreds of cases, and for many years, I have but seldom known it to fail."—*Dr. Robert T. Cooper, London, in July number Monthly Homœopathic Review.*

CASE OF ASCITES AND ANASARCA.

BY

DR. DRYSDALE.

A man of 32 was seen first on the 28th December, 1879. He reported that for some months his habits had been irregular and intemperate, and that in October he had consulted a doctor for "wind and indigestion," with constipation, bad appetite, and fulness after meals, especially after soups. In November his abdomen began to swell, and a fortnight afterwards the feet and legs also. The swelling increased, and in the beginning of December a cough and difficult breathing came on. He had been treated with *Spiritus Mindereri*, *Cardamoms* and *Gentian*; *Castor oil*, *Oil of Ruta* and *Terebinth*; *Bromide of Potassium* and *Chloral hydrate*; *Pills of Elaterium*, *Jalapin*, *Aloin*, and *Podophyllum*, all combined; *Bromhydric acid* and *Syrup of Tolu*. Notwithstanding, the disease continued to increase, and on the 24th December he weighed at the Turkish bath 15 stone 7 pounds, and his girth round the waist on the 28th was forty-three inches. The chief symptoms on the 28th were; œdematous swelling of the feet and legs, and at times of the thighs and scrotum; distension

and fluctuation in the abdomen; the physical signs of the liver cannot be made out, owing to the distension; no appetite, much thirst; tongue flabby and furred; urine scanty and turbid, not albuminous; pulse rapid and small, no organic disease of the heart; two or three loose stools daily; great general debility. In addition to these symptoms there was frequent cough, dry and choking in paroxysms, on slight changes of temperature; dyspnœa in walking, especially on the least ascent; can only lie on the right side; serous effusion in the right pleura, up to one inch above the nipple, in the sitting posture. Considering the want of appetite, the thirst, and the probable state of the mucous membrane of the stomach and of the liver, induced by irregular living and excess of alcohol, in which the skim-milk diet is often so beneficial, I put him at once on that plan of diet, giving no food at all except skim-milk, beginning with three and gradually increasing to six pints in the twenty-four hours. At the same time, as the cough and pleuritic exudation were the more immediate indications for medicine, *Bryonia* and *Cantharis* were given in alternation every three hours in the dose of one drop of the first decimal dilution. On the 2nd of January, 1880, he complained, in addition, of pain in the right hypochondrium and diarrhœa of dark loose stools. One dose of *Leptandrin* in the first decimal trituration was interposed daily, and *Bryonia* and *Cantharis* and the pure skim-milk diet continued till the 10th of January, when he had gradually improved as regards the cough and dyspnœa; the cough was nearly gone, and the effusion in the chest for the most part absorbed, but the girth round the waist had increased to forty-four inches; the urine was rather copious and the stools were loose,

but now pale colored. He now got two drops of the pure Tincture of Chelidonium four times, and one dose of the first trituration of Aurum muriaticum twice, each day of twenty-four hours. This was continued till the 24th January, when he felt better, but with much hunger and sinking and craving for solid food, so he was allowed to have one solid meal a day, and the rest of his diet skim-milk, in proportionate quantity. The general feelings were improved and the bowels were moved twice a day, soft, but of natural color; the urine was copious, but the girth of the abdomen had increased to forty-five inches. The Aurum was continued twice a day, and instead of Chelidonium, Apocynum, cannabinum, in the dose of one drop of the pure tincture, was given four times a day.

On the 7th of February an improvement had taken place in all respects; the urine exceeded the milk drunk by half a pint, and the abdomen measured one inch and a half less than last time, and perspirations had come on at night. The swelling of the legs and feet had varied all the time, and was now decidedly less. He feels altogether better and walks out a little in the open air. Continue Aurum and Apocynum as before.

On the 14th of February, girth forty-one inches; urine very copious, much more than milk drunk. Legs and feet natural in size, and the health and strength improved; has taken a glass of beer with his one solid meal. Continue medicine.

On the 21st of February, girth thirty-eight and a half inches; urine two or three quarts; gaining strength, though still can only walk a short distance. Two rather loose but otherwise natural stools. Continue one solid meal with one glass of beer, and the rest of his diet skim milk, as before, also the same medicines. The

same system was continued until the 6th of March, when the girth was thirty-four and a half inches, though fluctuation still preceptible. He can walk three miles, and lie flat and sleep in any position; no remains of anasarca anywhere. Weight 10 stone 10 pounds. Is getting tired of the skim milk, so to have two solid meals a day, and three doses of Apocynum and one dose of Aurum daily.

On the 13th of March the girth was thirty-three inches, and no fluctuation to be detected. He feels in all respects quite well, and was ordered common diet and no more medicine. He has been seen several times since and remains quite well.

Remarks.—It is in general difficult to apportion the due share of benefit to different therapeutic expedients which we may have to use simultaneously or in succession. But in this case it would appear that the skim-milk diet can hardly have been the all-sufficient cause of the removal of the dropsy, for, however beneficial it may have been as an auxiliary in improving the state of the stomach and liver, there was no diminution, but, on the contrary, an actual increase of the ascites during the four weeks that the diet consisted solely of skim milk. The diminution of the ascites did not begin till a daily solid meal had been taken some time and certain medicines given. The action of the Apocynum here may be fairly claimed as homœopathic, acting directly on the disordered capillaries and lymphatics, and not indirectly as a primary diuretic, for the dose, viz. four drops of the tincture per diem, was too small for a diuretic. The other medicines also no doubt acted purely homœopathically on the pleuritic effusion and on the different states of the liver, which were successively manifested. It is to be noticed that two doses of Aurum were given daily

from the 10th of January till the 6th of March, alternated first with Chelidonium and then with Apocynum, but although the hepatic and general symptoms improved, the ascites did not begin to yield until the Apocynum was given. It may be asked—Would it not have been better to give the Aurum alone and stop it before beginning the Apocynum? This is to my mind doubtful, for the Aurum is a slow long-working medicine and required to be continued a long time. During that time, whatever it did, it certainly did not interfere with the action of the Apocynum, for what case could have done better? Rather must we say by its action it supplemented that of the Apocynum, and this speaks in favor of the alternation of medicines as well as the succession of them, which has never been disputed.—*Br. Jour. of Homeopathy.*

**EUPATORIUM PERFOLIATUM IX
IN INTERMITTENT FEVER.**

BY

DR S. D. RAMASNEHI.

Lucknow, India.

Baboo G., aged thirty years, has been in the malarious districts of Bengal, where he suffered from intermittent fever for six months, for which he was given physic, quinine, iron, etc., liberally by the doctors of the old school, till at last he came to Lucknow, still suffering from the disease, and placed himself under my treatment on June 24th, 1879, having at that time very little faith in the homœopathic treatment. The symptoms at the time when he consulted me were: thirst before chill and then vomiting after drinking, vomiting of bile, aching pains in the upper limbs

and the back, and as if the bones were broken, no appetite, urine scanty and of a dark color, hot stage followed by debilitating perspiration.

June 24th. Eupat.-Perf. gtt. ij. Aqua Pura, $\frac{5}{4}$ iv.; mix; a tablespoonful of this to be given every three hours.

June 25th. The attack this day was not so severe, and he passed a large quantity of urine. Eupat.-Perf. every four hours.

June 26th. Attack very slight, urinary secretions still profuse, no bilious vomiting, appetite improved. Ordered Eupat.-Perf., only one dose in morning.

June 27th. No fever or debilitating sweat; appetite improving. Stop medicine.

June 28th. No fever, improving. No medicine.

June 29th. Improving. Eupat.-Perf., one dose twice a week.

July 4th. Getting strength, appetite good, motions free. Stop medicine. Since then he is all right.—*Hom. World.*

CATARRHAL PNEUMONIA.

BY

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Every remedy that has been proven in the homœopathic *Materia Medica* is but the reflection of the disease which it is intended to cure.

Pathology is to the pathogenesis of the remedy what the photograph is to the image. Disease is in its very nature occult, and at times so obscure that to get at its diagnosis we must wait for the case to advance until a sufficient number of symptoms have developed to make out its proper nature. Then we can give a scientific

diagnosis. The homœopathist need not necessarily wait for the case to develop but can commence his treatment at once, and by the time a physician of another school could make his diagnosis we have our cases so far removed from danger that the diagnosis is of small importance. How often is it that in treating a case somewhat obscure in its diagnosis we go to our *Materia Medica* and compare one group of symptoms after another until suddenly we strike upon some characteristic symptoms in the pathogenesis of a remedy which, followed in all its details, will lead us to the pathology of the disease that we are vainly trying to trace out. Then can we follow up our case with a certain diagnosis that otherwise might have remained obscure to the end of the treatment.

In studying the diseases of children there are obstacles in our way to diagnosis which are almost insurmountable, particularly is it so with infants.

In the adult we can question and examine for the Alpha to Omega, but with the child our questions bring no responses; then we try *physica* examination, but here fail on account of the timidity and irritability of the patient, and we are thrown back upon our clinical experience. Of all the diseases of children pneumonia is one of the most difficult to diagnose on account of not being able to keep the children in a state of rest long enough to follow up our examination sufficiently to base a diagnosis upon. Hence we should employ all that science has given us to make our case clear and its treatment successful.

Catarrhal pneumonia is divided into acute and subacute. The latter form is one of the most insidious diseases known to infancy, and the one most likely to lead the physician astray, as in general it depends upon other

forms of disease or weaknesses for its development, and may have progressed to an almost hopeless condition before being recognized. The conditions which may lead to its development are: 1st, those forms of disease which are protracted in their nature, such as colico-enteritis, cholera-infantum, the exanthematic diseases, etc.; 2d, an unstable or non-nutritious diet or bad assimilation, which reduces the vitality of the patient and conduces to passive congestion. Infants of this class lie a long time upon their backs, the circulation of the blood through the lungs is slow, and the respiration being feeble the remote lobes of the lungs become collapsed, the blood settles in the posterior lobes and a passive congestion ensues. The lobules of the lungs become filled up with serous infiltration (but never containing any fibrin), the alveoli of the lungs become filled with epithelial cells until the lung-tissue is swollen and dense. A section of the lung placed under the microscope reveals these epithelial cells in the alveoli of the lung.

This disease is circumscribed, and does not, like croupous pneumonia, extend to the whole lobe of the lung, but attacks different lobules, leaving healthy and diseased lung tissue interspersed. It may be so circumscribed as to run its course and cover a space not larger than the point of a finger. This is the usual form of pneumonia under the age of five years. Although this disease may appear simple from the small extent it occupies, it oftentimes is very difficult to treat, owing to its following as a sequela to other diseases; again, the phlegm forms large plugs and blocks up the bronchia, causing asphyxia.

The acute form of catarrhal pneumonia is not so common as the subacute, but more extended and very dangerous in its onset; if arising from a sudden chill, the whole lung seems

to become congested, and unless the disease is soon arrested it is very fatal. The same stages follow in this as in the other forms of pneumonia, viz., congestion, red and gray hepatization. Yet the disease may progress for weeks and the gray stage of hepatization not make its appearance. Although it is not in my province to speak of its treatment, my experience of seventeen years may add something to confirm us in our faith.

I have found Acon. Baptisia, Gel-semium and Verat. vir. all good in the congestive stage of the disease, and either one or the other of them in conjunction with Bell., Bry., Phos., Tart. emet, Chelidonium, or Sanguinaria in the red hepatization; Phos., Ars., and Carbo veg. when the disease was very protracted and in the gray stage of hepatization; Hepar and Sulph. have also been very important remedies, and many more might be mentioned. But in cases of this kind, where symptoms are hard to get at, it is best to rely upon a few remedies that we know are certain than to go in quest of new ones. As to the prognosis under homœopathic treatment our results are the most favorable of any practice yet known, and very generally successful.—*Ibid.*

ABORTION AND ITS RESULTS.

BY

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The evils resulting from procured abortions are, in my opinion, more serious than is generally admitted. A description of some of the pathological conditions induced thereby is the purpose of this paper.

First, I will consider its effect upon the uterus: If an abortion is pro-

cured by the use of emmenagogues, or by a rupture of the foetal membrane, or by any local means, the mucous membrane of the wound is very liable to become inflamed; this inflammation often becomes chronic, and extends into the neck and cervix, causing troublesome leucorrhœa, membranous dysmenorrhœa, and plastic or fibrinous deposits in some portion of the body of the uterus, flexing or otherwise displacing the organ, which form of displacement is exceedingly difficult to remedy.

Second, effect of abortion on the tissues surrounding the uterus: If a sound is roughly passed into the uterine cavity, or if even an attempt is made to pass it when there is flexion of the womb, during the first few months of pregnancy, pelvic cellulitis and peritonitis are frequently produced. The inflammation of these tissues is the result of an injury to the cervix, followed by inflammation which extends to the areolar and serous tissues surrounding the womb.

A lady, on whom an abortion had been produced at the second month of pregnancy, had pelvic cellulitis, which terminated in a large abscess that discharged through the rectum. In a few months she died, in consequence of extensive suppuration. Peritonitis induced by abortion runs a rapid course, and I have found it as difficult to cure as puerperal peritonitis.

Third, hemorrhage: When severe flooding occurs from an abortion the system suffers more seriously from anæmia than from the loss of the same amount of blood from any other cause; years may elapse before the patient regains her full strength and vigor.

Fourth, septicæmia: When the womb has been injured by any mechanical means intended to produce an abortion, or when the placenta, in

part or whole, has been retained a considerable time after the expulsion of the foetus, or when coagulated blood remains for several days in the uterus, a morbid condition supervenes similar to that induced by septic poisoning following parturition or mechanical injuries.

These are some of the effects produced by abortions. The victims become pale and haggard; they suffer for a long time after the accident from defective assimilation. The mind is often harassed by a contemplation of the crime that has been committed; the disposition is altered so that, from the former loving wife and gentle mother, the patient is changed so as to have become irritable, morose, and sad, a mere wreck of her former self, and all of this is due to the destruction of her unborn offspring. If physicians will oftener speak in indignation of such a crime, and inform married women of the serious physical suffering such a calamity induces, I believe that fewer cases of procured abortion will occur.

—*Trans. Am. Institute.*

DIAGNOSIS OF FRACTURE OF THE NECK OF THE FEMUR.—Dr. Bezzi draws attention, in *Lo. Spallanzani*, Nos. 1 and 2, 1880, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known. In examining the space between the trochanter and crista ilii, it will be found that while, on the sound side the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well-marked depression, a flaccidity and diminution of tension, from displacement upwards of their points of insertion.—*Centrablatt f. Chirurg.*, July 31, 1880.

PREVENTION OF SECONDARY HEMORRHAGE.—Dr. Parona, of Bologna, considers that the torsion of a blood-vessel is the formation of a clot, and this he proposes to effect more rapidly and certainly by the injection of a few drops of hydrate of chloral into the lumen of the artery. The usual ligature may be placed on the vessel, or two ligatures may be used and the chloral injected into the portion of the artery enclosed between them. He tried a variety of substances, but found chloral superior to all others as a coagulating agent, the resulting clot fitting much more closely the calibre of the vessel, and not shrinking as does that yielded by perchloride of iron. He performed numerous experiments on dogs before venturing to practise this method on the human subject; he has lately, however, tried it in two cases with excellent results. Besides acting as a hæmostatic, the chloral acts as a sedative, and thereby exerts a favorable influence from the first on the progress of the case.—*Lond. Med. Rev.*

STRICTURE OF THE RECTUM.—From a review of Dr. Ceccherilli's work on this subject, in the *Jour. de Sci. Med. de Louvain* (1880, p. 357), we learn that this author rejects strongly the method of forced dilatation proposed by Simon, of Heidelberg, above all as a diagnostic means. He prefers digital examination, or, if this is insufficient, the sound or the speculum. With regard to spasmodic stricture of the rectum the author concludes, after a careful examination of testimony, that the affection is to be regarded as a rectal neuralgia, not to be confounded with that painful spasm which occurs during defecation when the rectal bolus distends an anal fissure. The author does not ab-

solutely deny the existence of idiopathic spasmodic stricture, although it cannot be affirmed in any given case that some slight superficial fissure may not exist in a fold of the anal mucous membrane. In the chapter devoted to the pathogenesis of hyperplastic strictures caused by syphilis, he concludes, after a careful examination of the opinion of well-known authors, that these are simply the result of a gumma. In a valuable chapter on therapeutics the author expresses little confidence in cauterizations, and colotomy he objects to entirely. Between the two ordinary means of treatment, incision and dilatation, he prefers internal incision and adopts rapid dilatation.

ESMARCH'S BANDAGE IN THE REMOVAL OF FIBROUS ABDOMINAL TUMORS.—At a recent meeting of the Académie de Médecine (*Le Progrès Méd.*, 1880. p. 649), M. Labée read a communication relative to a modification of the operative procedure of hysterotomy applied to fibrous tumors (exsanguification of the tumor). Gastrotomy for the removal of fibrous tumors of the uterus is now a well-established operation, and M. Labée did not attempt to describe it, but simply called attention to an important modification which he has introduced into the operative procedure. The quantity of blood contained in these enormous tumors of the uterus is always considerable, and the loss of blood consequent upon the ablation of the tumor is a factor the importance of which it is impossible not to recognize, especially when it is considered that the women from whom these tumors are removed are always in a state of advanced cachexia. M. Labée conceived the idea of using Esmarch's bandage in these cases, with the view

of pressing back into the general circulation as much as possible of the blood contained in the tumor, that this might be retained in the economy. The first patient on whom the plan was tried presented a rather hopeless prospect, being in a deplorable condition before the operation. She succumbed to septicæmia six days after its performance. But M. Labée was able to satisfy himself that the enormous fibroma on which compression had been practised was completely deprived of blood, more than a litre of blood having thus been restored to the system. M. Labée suggests that long needles or skewers should be fixed in the walls of the tumor at proper points to prevent the bandage from slipping off.

BILE AS A PRESERVATIVE.—Tube-casts are one of the most difficult objects to preserve for microscopical examination. We have tried chloral hydrate, creasote, carbolic acid, and salicylic acid, etc., but with only poor results. Five years ago we had for examination a sample of albuminous urine which contained bile and large quantities of tube-casts and renal epithelium. The renal derivatives were so numerous and so beautifully colored that a drop of the sediment was placed on a slide and covered—a ring of cement run around—intending to use it as a temporary mount for class-demonstration. The casts, etc. remain perfect to this date. Would not iodized serum to which a small quantity of bile has been added prove a good preservative and coloring agent for organized products of this kind?

A POSITIVE SIGN OF EARLY PREGNANCY.—Dr. J. H. Caritens, in the *Detroit Lancet* for September, calls attention to the color of the mucous

membrane of the vagina and cervix uteri as a positive sign of pregnancy during the first three months.

He says. "This I have always found of a purplish blue, or rather deep violet hue, in pregnant women, and I have depended on this peculiar color in making a diagnosis of pregnancy in the first, second, and third months. I can say it has never failed, and it is not produced by any pathological condition: the different colors produced by uterine disease cannot be mistaken for this pathognomonic violet hue."

EUCALYPTUS OIL AS AN ANTISEPTIC DRESSING.—Siegen, in the *Deutsche Med. Wochenschrift*, reports his method of using the oil eucalyptus as an antiseptic dressing. He greatly prefers gauze steeped in this oil, because it is less liable to produce irritations of an eczematous character. His mode of preparing gauze is as follows: Three grams of eucalyptus oil are dissolved in fifteen grams of alcohol. To this solution he adds one hundred and fifty grams of water. One meter of thoroughly-washed gauze is steeped in this solution until impregnated. The gauze as a dressing should be applied while still wet and covered with gutta-percha leaves. The dressing should remain three to five days. Even a five-per-cent solution will not irritate the skin.

AMERICA FOR PHTHISIS.

The *British Medical Journal* for October 2, 1880, makes the statement that a large yearly emigration of American consumptives takes place to European sanitary stations, in the face of the fact that mountain ranges and extensive seaboard offer a far greater choice of climate, inland and

marine, high-level and low-level, warm and cold, in America than is to be found any where in Europe. Referring to the activity displayed by resident medical men in making known the special advantages of American health-resorts, the climatic peculiarities of California are set forth. Then it is stated that more bracing and less equable climates are to be found at Aiken, South Carolina, and at Ashville, North Carolina, twenty-two hundred feet above sea-level, or on Walden's Ridge in East Tennessee, or among the pine forests of Georgia. Notice is taken of the moist and sedative climate of Florida, which is compared to that of Madeira. The cold inland climate of Minnesota, which is claimed to have the character of dryness at an altitude of twelve hundred feet above the sea-level, is particularized. It is said also that the principles of treating consumption in high level situations originated in South America, and that for a long time before the existence of Gorborsdorf and Davos it was the custom of the Peruvians to send consumptives to heights of eight thousand to ten thousand feet in the Andes, generally with signal relief to the sufferers.

The questions of altitude, humidity, mean temperature with and without great extremes, receive due consideration in brief outline, the article being concluded by an outline discussion of the views expressed by Dr. Dennison on Rocky Mountain health-resorts. It is thought to insure the full advantages of climate a prolonged residence is necessary; that an open-air life passed in camping out and in traveling over the country considerably improves the chances of recovery. English consumptives are especially recommended to try the Colorado district.

We regret to notice one of the greatest medical Journals in the world

discussing the subject of climate for consumptives without reference to the advantages of the same kind of outdoor life at home to that class of sufferers who find it necessary to go abroad in order to pursue active habits in the open air; in fact, to take outdoor exercise. We feel satisfied that an active outdoor life, with intelligent and proper regulation of the diet, and the personal hygiene of the individual, would do far more toward preventing consumption in those predisposed to it, and quite as much toward curing it in those who have it in a mild form or incipient stages, as any of the great health-resorts which require long and fatiguing journeys to reach, and which, when found, are necessarily void of the mental comforts and domestic conveniences of home-life and pleasant associations with friends.—*Medical Herald*.

UNION OF TENDONS.—Dr. Charles Baum reports a case occurring in the practice of Dr. D. Hayes Agnew, which illustrates the readiness with which tendons unite. The patient's hand was struck on its dorsal surface by a circular saw. The stroke divided all the tissues, and almost completely severed the metacarpal bones, except that of the thumb, just one and a half inches from the wrist-joint. The distal ends of the tendons of the extensor communis digitorum were lying at the bottom of the wound much lacerated. The proximal ends were retracted to such an extent as not to be visible. Each retracted tendon was brought down by passing a pair of forceps along the sheath to the extent of three-quarters of an inch. A fine carbolized catgut suture was passed, first, through the centres and through the sheaths of the divided tendons, and their ends brought well into apposition. Immediately after

the sutures were fastened, the patient was able to extend his fingers almost as well as before the accident. The patient made a good recovery. The power of extension is free and strong. He can pick up a pin with ease; his fingers have become as supple as ever. He has long ago resumed work, and experiences no restraint in the muscular action of his fingers.—*Phila Med. Times*.

SYMPTOMS OF BRIGHT'S DISEASE.—

In parenchymatous and interstitial nephritis, it is clear that we have two tolerably well pronounced and distinct diseases, often associated with each other, but differing in pathology, ætiology and symptoms. In parenchymatous nephritis, we have a disease of the kidneys, local, like pneumonia or cirrhosis of the liver, upon which depends the symptoms. In interstitial nephritis, we have also a local disease, but as a part of a more general one, the symptoms being partly dependent upon and partly coincident with the renal disease. Parenchymatous nephritis cannot always be sharply divided into acute and chronic. The former is likely to shade off into the latter, and has much the most favorable prognosis. The closer the case follows an acute type, the better are our chances for success in its treatment. Such cases, with rest, regulated diet, sustaining treatment and attention to the secretions generally do well. The length of time a patient may live with parenchymatous nephritis is by no means inconsiderable. The writer reports cases lasting from ten to thirteen years. The prognosis of interstitial nephritis is somewhat different. While its progress is often slow, when once begun, it never goes back. When it progresses to a point when his eyesight fails, the palpitation of his heart

becomes a constant annoyance, and headaches are frequent and severe, and the prognosis is of the most gloomy kind, and the treatment reduces itself to that of the most troublesome symptom. There is a decided tendency at this time to make the vascular changes the primary cause; to suppose that high arterial tension is first developed, and as a consequence renal, cardiac, and sometimes arterial and cerebral disease. The changes in the small renal arteries have long been known, and it was supposed that the resistance to the passage of blood through them was sufficient to raise the tension of the blood, and throw enough additional work upon the heart to cause hypertrophy; but it can be shown that the kidneys do not affect a large enough of the total circulation to bring about such a result, even if they were totally atrophied; and it is very clear from the amount of urine secreted that the quantity of blood passing through them cannot be greatly diminished. We are thrown back upon either the theory of myo-carditis, and relative insufficiency of the aorta, or of impurity in the blood, which prevents its easy passage through the capillaries. Lead-poisoning is recorded as a not infrequent cause of interstitial nephritis. Gout is so notoriously connected with the contracting kidney as to have given it one of its many names—the “gouty kidney.” Dr. Murchison considers one of the functions of the liver to be the decomposition of nitrogenous material into the easily soluble urea, and thinks when the liver fails of its function, lower products of oxidation, such as uric acid, or others less well known, are found and circulate in the blood, but without necessarily giving rise to a true gouty paroxysm. This condition he terms lithæmic, and describes the symptoms, which are chiefly

those of dyspepsia with constipation, headaches, drowsiness, giddiness, and restlessness at night. He thinks this condition, by throwing a burden of excrementitious material upon the kidney to be eliminated, becomes one of the chief sources of nephritis, both of acute Bright's disease, and of the contracted granular or gouty kidney. The lesson from this is, that you had better take much pains with a curable dyspepsia, than be called upon to deal with an organic disease, which will prove much more incurable.—R. T. Edesin, *Boston Med. and Surg. Journal*.

CYSTITIS OF PREGNANT WOMEN.—Dr. Terrillon has called the attention of the Surgical Society of Paris to the particular form of cystitis which commences two or three months before labor, and is known by frequent desires to urinate, with heat and burning, and increased by walking or riding. Examination of the genitals shows no vaginitis nor urethritis and only when the introduction of the sound reaches the neck of the bladder is the pain increased. The night urine is ammoniacal and turbid, and very adhesive to the vessel, and examined with the microscope indicates pus. Whatever may be the cause of these symptoms, no available remedy suggests itself, though the condition is probably due to a varicose dilatation of the mucous membrane of the neck of the bladder.—*Gaceta de Medicina Cataluna*.

TUBERCULAR CONSUMPTION AN INFECTIOUS DISEASE.—Dr. L. Bruhn has written an article in *Norsk. Mag. for Lægevid*, embodying some very striking facts observed by him, which, so far as they go, prove the infectious

nature of tubercular consumption. The writer says that after thirty years practice as a physician in the country he has become more and more convinced of the communicability of phthisis, and relates a number of examples in support of this view; *e. g.* a tuberculous man married a lady of healthy family; the husband died, the wife became tuberculous, and so did her sister, who had lived with her during the husband's illness. This sister was subsequently married to a robust man of very healthy family. He became affected, and also his niece, who lived for a considerable time in the house with them.

One of their children died of tubercular meningitis; two have marked signs of pulmonary tuberculosis, one only is in good health. The servant girl who nursed the first-mentioned man's wife in her last illness became tuberculous, went back to her own home, and died.

Her sister became infected by her, while both their parents attained a very high age and there had never been any consumption in the family. Dr. Bruhn mentions two or three similar family histories, and has observed many more.

Consumption, according to his experience, is contagious, and especially in the advanced stage, and contagion is equally as powerful a cause as inheritance.

MECHANICAL TREATMENT OF PREGNANCY VOMITING.—Dr. J. Marion Sims contributes to the *Archives of Medicine*, June, 1880, a valuable resume of the treatment of this troublesome condition, with cases and remarks. It has long been regarded as a reflex symptom, but has never been treated as such until very recently. A few years ago, Grailly

Hewitt enunciated the doctrine that it was due to flexure and malposition of the uterus, and published cases confirmatory of this view. In February, 1878, Dr. M. O. Jones, of Chicago, published a paper on this subject in the *London Lancet*, in which he took the ground that it was due to congestion or granular erosion of the cervix uteri, and that it was to be treated locally by nitrate of silver or other escharotic, and related several cases relieved by this treatment. Three or four years ago, the late Dr. Copeman, of Norwich, England, brought this subject prominently before the profession by various articles published in the *British Medical Journal*, in which he maintained that it was due to induration of the cervix uteri and contraction of the canal. On this theory, he simply dilated the cervix mechanically, with the happy result of curing his cases in two, three or four days. Many of them were cases of a very rebellious character, in which the patients were greatly prostrated from prolonged vomiting and consequent inanition. Dr. Sims has relieved several cases in a few days by Dr. Jones' method. In all of them there was granular erosion, to which he applied a solution of nitrate of silver, 3 j to the ounce. In 1878, a case came under his care in Paris at the third month, where the vomiting was excessive, and uncontrollable by ordinary means. The cervix was small and indurated, but there was no granular erosion. After applying a solution of nitrate of silver two or three times without any decided improvement, he tried dilatation of the cervix according to Copeman's plan. There was marked improvements in three or four days, but not a complete relief, as the uterus was anteфлекed, and a Meigs' ring had to be introduced to elevate the uterus. He thinks it is possible that

dilatation alone might have afforded relief, but in the pessary he found a valuable adjunct. Copeman's method consists in gradually forcing the finger into the os and carrying it along until the first joint of the finger enters the cervical canal, taking care not to push it so far as to impinge against the os internum. Theoretically, this would appear to be hazardous; there would be some risk of producing abortion. But so far we have reports only of successful results. And yet these several methods are not without a certain amount of risk, and must be cautiously tried; and, of course, we should not resort to this heroic method of treatment unless the case is urgent and rebellious. In Grailly Hewitt's plan, we must be careful not to make undue pressure on the cervix uteri with the pessary. In Dr. Jones' plan, we must place the patient in the left lateral semi-prone position, apply a Sims' speculum, and then pencil the caustic solution on the granular surface, and on that alone. In Copeman's plan, we must gently insinuate the end of the index finger in the os tincae, and pass it into the cervical canal not more than three-fourths of an inch deep. This is to be done with the patient on her back. If the uterus should be flexed anteriorly (as it usually is in such cases), he cautions the operator not to throw the fundus up and push it back toward the promontory of the sacrum with the bi-manual pressure in the early months of pregnancy may provoke abortion.

CHLORAL APPLIED EXTERNALLY.

—Chloral hydrate is now employed by physicians with considerable success in neuralgic pains and in cancer

of the breast, and this, in some instances, when other sedatives and narcotics have notably failed to give relief. The mode of application practised in such cases is by the saturation of folds of lint of the size of the part to be treated brought into close contact, then covered with three or four layers of lint covered with oil-silk or spongio-piline wrung out of hot water. The application to raw surfaces requires, of course, special care in manipulation. The strength of the solution is about four drachms to sixteen ounces of water, and the addition of a small quantity of glycerine is found advantageous.

SOCIETY NOTES.

HOMŒOPATHIC MEDICAL SOCIETY OF PENN.—The officers for next year elected at last meeting are: President, J. H. McClelland, M. D., Pittsburg; First Vice-President, B. F. Betts, M. D., Philadelphia; Second Vice-President, J. J. Detwiler, M. D., Easton; Treasurer, J. F. Cooper, M. D., Alleghany City; Recording Secretary, Z. T. Miller, M. D., Pittsburg; Corresponding Secretary, R. E. Caruthers, Alleghany City.

The next meeting will be held in West Chester, the second week in September, 1881.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.—The annual meeting of this society was held at Montpelier, Oct. 20 and 21. The meeting was called to order by President Brigham. The following persons were presented by the board of censors and elected members: Drs. C. A. Gale, Rutland; Clara P. Reed, Bellows

Falls; D. A. Wittlesey, West Randolph; C. J. Farley, Swanton; D. H. Roberts, Underhill; G. M. Ockford, Burlington, and C. P. Holden, Gaysville.

The 3d Wednesday of October of each year was fixed as the time for the annual session.

The following were appointed a committee to prepare resolutions on the death of Dr. Constantine Hering, late of Philadelphia, Pa., Drs. Gale, Jones and Waugh.

The following were elected officers for 1880-81:

President, Dr. T. R. Waugh, St. Albans; vice president, Dr. S. H. Sparhawk, St. Johnsbury; recording secretary, Dr. C. S. Hoag, Waterbury; corresponding secretary, Dr. G. E. E. Sparhawk, Burlington; treasurer, Dr. W. B. Mayo, Northfield.

Delegates to other state societies: Connecticut, Dr. H. E. Tucker, Brattleboro; New Hampshire, Dr. J. H. Jones, Bradford; Massachusetts, Dr. G. E. E. Sparhawk, Burlington; New York, Dr. G. M. Ockford, Burlington.

Delegates to American Institute of Homœopathy which meets at Long Branch, June, 1881: Drs. J. R. Waugh, G. E. E. Sparhawk, and G. M. Ockford. Alternates, Drs. C. H. Chamberlain, H. C. Brigham and S. H. Sparhawk.

The following bureaux were appointed by the president-elect:

Materia medica and pharmacy, Drs. G. E. E. Sparhawk, J. H. Jones, and C. A. Gale.

Obstetrics and diseases of women and children, Drs. S. H. Sparhawk, J. Haylitt, J. M. VanDensen and Miss C. P. Reed.

Clinical medicine, Drs. J. M. Sanborn, C. H. Chamberlain, C. J. Farley and E. B. Whittaker.

Surgery, Drs. C. S. Hoag, Henry Tucker and T. W. Halsey.

Psychological medicine. Drs. C. Woodhouse, H. W. Hamilton and M. D. Smith.

High potencies, Drs. G. M. Ockford, N. H. Thomas and A. E. Horton.

The reports of the different bureaux were then taken up.

Adjourned to meet in semi-annual session at Burlington on the 3d Wednesday of May, 1881.

C. S. Hoag, M. D.,
Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY, BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.

The Bureau of Materia Medica &c., will pursue a systematic study of the following named drugs: CALADIUM SEGUINUM, PAPAYA VULGARIS, and VIBURNUM OPULUS, with special attention to their (1) *History*, (2) *Pharmacology*, (3) *Toxicology*, (4) *Proving*, (5) *Mode of Action*, (6) *Clinical Application*.

To facilitate the work of provings, each drug will be placed in the hands of a Sub-Committee, under whose direction the provings of that drug will be conducted. These Sub-Committees are constituted as follows:

CALADIUM SEGUINUM—E. A. Farrington, M. D., T. F. Allen, M. D., A. C. Cowperthwaite, M. D.

PAPAYA VULGARIS—E. M. Hale, M. D., W. H. Leonard, M. D., J. Heber Smith, M. D., L. D. Morse, M. D.

VIBURNUM OPULUS—W. J. Hawkes, M. D., O. S. Wood, M. D., with the invited co-operation of Prof. H. C. Allen, M. D., of Michigan University.

In addition to these Committees, Miss Kate Parsons, M. D., has been selected to obtain provings of each of the above named drugs upon women.

The profession at large are cordially

invited to participate in the important work of proving these remedies. Those willing to do so, and those who may be in possession of any items of information concerning them, are requested to communicate at once with the Chairman of the Bureau.

The final reports of all provings must be in the hands of the Chairman prior to the first day of March, 1881.

Faternally,
A. C. COWPERTHWAIT, M. D.,
Iowa City, Io.,
Chairman.

CORRESPONDENCE.

Editor THE AMERICAN HOMŒOPATH, New York.

DEAR SIR: Dr. A. O. H. Hardenstein of Vicksburg, Miss., after a short illness, died on the 15th inst., from Gastro-Enteritis, age 74 years. He was one of the most successful Homœopathic physicians in the south, and enjoyed a very large and lucrative practice. This leaves Dr. Thos. Harper the only representative of our school in Vicksburg; and he is already past three score and ten, and unable to attend to any outdoor patients. A better opening for a good Homœopathic physician cannot be found.

Respectfully, yours,
BOERICKE & TAFEL,
New Orleans, La.

ITEMS.

Dr. B. S. Underwood has removed from 484 Classon Ave. to 171 Macon St., Brooklyn, N. Y.

Married, July 29, 1880, in Clinton, Ills., by the Rev. W. W. Farris (assisted by Rev. Dr. A. Bartholomew), Dr. F. E. Downey and Mrs. Ella Lane.

THE New York Ophthalmic Hos-

pital for Eye and Ear, corner Third avenue and Twenty-third street. Report for the month ending September 30th, 1880: Number of prescriptions, 3,385; number of new patients, 502; number of patients resident in the Hospital, 12; average daily attendance, 130; largest daily attendance, 167.

CHAS. DEADY, M. D.
Resident Surgeon.

On page 274, vol. 5th, of the publications of the Massachusetts Homœopathic Society, appears a report by Dr. J. T. Harris, of 136 Warren street, Boston, Mass., as follows:

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

The Chairman, Dr. J. T. Harris, said that the committee had in their hands a large number of papers to present and he should ask each author, if present, to read his own paper, but before doing so he would like to speak of a case of erysipelas which came under his own observation in January last. She had chills, fever, etc. The inflammation commenced in the arm and several days had passed since the attack commenced, when he first saw the patient. It was a bad case of phlegmonous erysipelas and the discharge was simply enormous. Remedies employed were Aconite, Apis, Arsenicum, Belladonna, Hepar-Sulphur, Rhus and Silicea; but he found the patient was sinking, pulse 125 and very weak, he then began to give her Phillips' Phospho-Nutritine which helped her. He gave it simply for nourishment; but under its administration her appetite and the ulceration improved. Surgeons who saw the case, advised the removal of the arm. The patient has consented to come here to-day that you may see the result of treatment.

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INSANITY AND HOMŒOPATHIC
REMEDIES.

BY

F. H. PICK, M.D.

Cleveland, O.

On page 274, October number of THE AMERICAN HOMŒOPATH, is related a case of mental derangement treated with similars, by Dr. Brown, of Chester, England.

It brings to mind a case of mania recently treated by myself, which I will briefly relate. Mrs. E., æt. about 30, an actress, about the middle of September, 1880, became restless, depressed and possessed by delusions. Some three months before, while nursing a very sick child of her brother's, it fell from the cradle and subsequently died. When mania appeared, her most constant delusion was that "she had killed some one, and the officers of the law were after her." She also said she was very wicked and would die in a few hours; wanted to see her friends first. She

was constantly trying to cry, but the lachrymal font was dry—a symptom peculiar to the insane. On her arrival to this city from Detroit, where she had been for two weeks, I was called to see her. It was the morning of September 28th. Found her with hot head and face, cold hands, pulse about 112, and the above delusions very active; little appetite, costive, imploring protection from something dreadful, she knew not what, and under forcible restraint by her friends. She had the appearance of being terribly frightened. Prescription—Verat. alb. 2c. Called early in the afternoon and found no improvement. Husband insisted upon something being given to cause sleep, as she had slept very little for two weeks. R Opium 2c, with a request to call at office and get some Tincture of Opium if she did not get sleep by 8 P. M. Heard no more from the patient until calling the next day at noon. Found she had slept nearly all night. But the delusions were the

same as before when she awakened. Upon reviewing the case closely, Aconite is suggested, on account of the fear of some calamity overtaking her. R Acon. 1m. Called the next day, September 30th, and found that after two powders of Acon. had been taken the gloomy foreboding began to disappear; and in a few hours from the first powder the cloud had passed away from before her intellectual sun and normal mind assumed control. She seemed rational, calm, self-possessed, and laughter and good cheer took the place of moaning. During the night she was awakened by the ringing of fire-bells and was subject to the delusions again for a few hours, but in the morning was quite rational and was able to shed tears for the first time in two weeks. It is now more than a month since her recovery of reason, yet there was no tendency to a relapse. I will add, that for about two weeks she was under treatment for other troubles. I relate this case, hoping that patients with acute mania may not be hurried off to an asylum when brought to our school. If Homœopathy is qualified to excel in any one class of diseases more than another, it is in those called nervous. I could relate other cases that have come under my care, and the result was most gratifying. One was confined in a straight jacket for a few days all of the time, and then for a short time at night only, and under the influence of Sulph., Verat. alb. and vir., Murex, Sepia and a few other remedies, regained her reason in a short time. Another had been an inmate of the State Asylum of Kentucky for eighteen months—was thought recovered sufficiently to discharge, especially since her friends were coming to this city to live; hence came, and was about well for several weeks when insomnia came on, pulse was very rapid, and after about one

week she was violently maniacal. Bell. 2c. secured good and prolonged sleep in two days, with normal pulse, and in less than a week return of reason. She remained well, and was trusted in any and all household cares, and was strong and normal for three or four months, when sleeplessness came on, probably superinduced by overwork. This continued for one or two weeks, when she became maniacal, and I was not called this time until mania was fully established, and then I advised that she be taken to an asylum, as her aged, widowed mother was her chief guard, and being poor, could not care for her safely and properly.

With two asylums under the benign influence of Similia, we do not have to *assume* superiority over other modes of practice in the treatment of the insane; our works defend our theories. The statistics of these hospitals are at hand, and can be had for the asking. In the many hospitals that are already in operation under Homœopathic rule, and in those to be built, there should be a ward for "Nervous Diseases," to which the friends of this system of practice can take their friends when insane. They would recover much quicker than the average time in hospitals under Allopathic rule, and at the same time would avoid the stigma of going to an "*Insane Asylum.*" I believe a large ward in any of the Homœopathic hospitals would be filled, and be so self-sustaining as to leave a large margin for the deserving poor of this class. Would like to hear from others on this suggestion.

SPONGE TENTS RENDERED NON-OFFENSIVE.—Mr. Lawson Tait has

found that sponge tents charged each with five per cent. solution of oil of cloves will remain in the uterus twenty-four hours without becoming in the least offensive in smell. Other disinfectants do not produce the same result. He also considers sponge tents safer than the sea tangle tents for general use.

DIARRHŒA DYSENTERY ASTHMA PITYRIASIS.

BY

WM. A. ALLEN, M. D.

Flushing, L. I.—N. Y.

During the past summer it has been my good fortune to have had very good results in some obstinate cases of diarrhœa, some of which had grown constantly worse before coming under my care, and I can but think that a history of the more prominent symptoms together with a list of remedies used may prove of value.

I desire, however, to call attention to that useful little book on the subject, "Bell's Therapeutics of Diarrhœa," to which, I feel, belongs the far greater part of any credit which may be attached to the cases.

CASE I.—Stools : Yellow, watery, frothy, profuse.

Aggravation : After midnight.

After stool : Prostration.

Accompanying symptoms : Restlessness, anxiety. Face, pale, sunken, death-like, with blue circles around the eyes. Tongue, red, cracked, dry and hard. Constant burning thirst with eructations of wind. Vomiting, profuse and like a thin, starchy fluid with parsley sprinkled through it. Rumbling as of water in the abdomen. Great weakness. Pulse, 120.

Thermometer, 102. Emaciation. Difficulty in swallowing.

Remedy ; Arsenicum, thirtieth dilution every two hours. Improvement in all respects began immediately and continued. The patient had another attack in ten days, and the same medicine promptly controlled it. The man was better in every way from the time of the first dose.

CASE II.—Stools : Brown, liquid, bilious. Expulsion sudden.

Aggravation : In the early morning and in the forenoon, also after excitement.

Before stool : Sudden urging.

After stool : Tenesmus.

Accompanying symptoms : Patient pale, peevish and melancholy. Face, pale and sallow. Tongue, white in the centre, round at the tip, with red tip and edges. Bitter taste in the mouth. No appetite. Leucorrhœa, yellow and burning. Catarrhal aphonia worse during damp weather. Nausea. Wakefulness.

Remedy : Sulphur, sixth, stopped the diarrhœa and made the woman much better after other treatment had failed.

CASE III.—Stools : Green, with some mucus. Frequent, watery. Dentition.

Before stool : Colic. Vomiting or nausea.

Accompanying symptoms : Irritability. Face, pale. The child was emaciated. Vomiting of food (condensed milk). The patient could not retain anything in the stomach. Flatulent colic. Constant nausea.

Remedy : Ipecac, thirtieth, caused an immediate change for the better. The nausea and vomiting were stopped, the colic was lessened and the feverish condition and restlessness made better. The child was fed on granum and beef juice, and retained and enjoyed them. Chamomilla.

thirtieth, was substituted for Ipecac and cured the case, and the child gained flesh, ceased worrying and desiring to be carried, and the stools became normal.

CASE IV.—Stools: Liquid yellow, expelled suddenly.

Aggravation: Six to nine in the morning.

Before stools: Colic.

Accompanying symptoms: Dentition. The child was very peevish. Nausea. Tongue, white, with rounded point and red edges.

Remedy: Sulphur, sixth, cured.

CASE V.—Stools: Yellowish white. Profuse. The stools gushed out.

Before stool: The mother said, "He looks purply like."

During stool: Tenesmus.

After stool: Exhaustion.

Accompanying symptoms: Vomiting of curdled milk. Constant thirst, but the child only nursed for a moment. Cold hands, face and feet. Hippocratic countenance. Great weakness.

Remedy: Arsenicum, thirtieth, every two hours, was the only medicine given, and the result was perfectly satisfactory.

CASE VI.—Stools: Blood, with some mucus.

Before stool: The child cried, and drew up the limbs as from pain in the abdomen.

During stool: Continued urging.

After stool: Hemorrhoids.

Accompanying symptoms: Gurgling in the abdomen.

Remedy: Aloes, sixth, and afterwards the thirtieth. The child got better immediately, and was in a short time cured.

I might go on with this narration, but think enough has been written to prove the value of studying each case by itself, and of observing symptoms with great care. To do these things requires time, close observation and

much questioning, and we do not always have parents and patients of sufficient intelligence to satisfy us; but we must do as well as we can, and I am sure that the results will be very satisfactory. I cannot better illustrate this necessity further than to give very briefly an account of two cases which have recently been under treatment.

SPASMODIC ASTHMA.

On May 12th, 1880, Mrs. B—— came to me, saying that she was perfectly well excepting a severe cough. Two and one-half years ago she had a severe fall, injuring the left side. Since that time, after a full inspiration, there has been a gurgling sound, like that of gas, in the left infra-mammary region. This has been constant since about the time of the injury. It was very marked, and could be heard at some distance from the patient. There was labored respiration, the vocal fremitus and percussion sounds were normal and the rhythm irregular. Sibilant rales were heard all over the chest. Mrs. B—— caught cold last September, and the asthmatic cough began in November. The expectoration was yellow and stringy. The cough was aggravated by exercise and talking. She usually coughed in paroxysms, with red face and a desire to "catch the breath." After severe coughing there was a feeling as of pressure in the abdomen, and a desire to void urine.

Diagnosis: Spasmodic asthma, with an abnormal condition (possibly that of constricted bronchia) in part, of the lower lobe of the left lung from traumatic causes.

Remedy: Arsenicum, sixth, six globules (No. 35) every three hours.

May 19th, 1880, Mrs. B—— said that she was very much better. Improvement began immediately. The coughing at night, which had kept her

awake, first disappeared. For the past three days she had coughed very seldom, and then not spasmodically. The "gurgle" in the side, and the desire to void urine after coughing, had been absent for the past five days. Arsenicum, thirtieth, six pellets (No. 35) were prescribed every six hours, and the patient told to come again if not cured.

About September 1st I met her, and she told me that she had been well since about the time of her calling upon me at my office.

PITYRIASIS.

Patient: a child of Mrs. D—. The condition and symptoms were as follows: Upon the right leg, extending from an irregular line around the limb, three inches above the knee joint to one four inches below it and encircling the member within these limits excepting the space behind the joint, the skin was dry, hot, scaly, with hyperæmia beneath the scales, which was small, readily brushed off, and Mrs. D— said that there were many scales in the child's bed each morning.

The patient scratched the surface constantly.

There were no other symptoms which could be ascertained. The child had very light hair and skin. Previous to my seeing the leg, iodine and other local treatment had been applied, but there was no improvement.

Remedy: Arsenicum, two hundredth, three times each day. About two weeks after my visit, being called to attend another member of the family, I saw the boy, and found the scaly condition had entirely disappeared. There was no itching, and but very little hyperæmia. The mother said that improvement began immediately and was constant. The pityriasis has not thus far returned.

INTERACTION OF PHYSICAL AND VITAL ENERGIES.

BY
GEO. H. TAYLOR, M.D.

New York.

The remarkable efficacy of transmitted energy in restoring defective and irregular and nervous power, has its foundation in the nature and relations of the different classes of vital energy to each other.

This will be understood on reviewing the physiological processes whereby the different forms of vital power, especially those of the muscles and the nerves are evolved.

The development of dynamic or muscular energy, involves nutritive support of muscular tissue, as the condition for its further development; or the incorporation of supplies of outside material which includes that which is destined to appear as energy. The vital molecule in parting with energy is reduced to common dead matter, which in health is instantly removed and replaced by like material, similarly endowed; and thus the physical and dynamic power of muscles are maintained.

The energies of the nervous system are maintained by a similar process, being that of constant importation from outside sources. The nervous system represents a variety of forms of power; as sensation, emotion, reflex action, intellection, and those combinations and modifications of them which constitute the *will*. The gray matter of the nerve centres are the vital organs which have the power to eliminate nervous energy, as the muscles do the dynamic variety.

As all vital parts and tissues are practically bathed in a solution of food and oxygen, constantly renewed, (the blood and its circulation), it is plain that support for vital action is ever present and ready to yield to

acting organs that which is demanded by them to sustain each special form of action, whether it be that of muscular or nervous energy. Such support, in any case, is conditioned upon *use* and upon nothing else. It is quite impossible to *force* nutrition upon unwilling organs. Physicians often attempt this method, but the consequences, in the long run, are often disastrous.

The instruments of energy, the vital tissues of muscles and nerves, draw upon the common fund, the blood, only in proportion to use, and extract from this fund the special combinations of elements that are adapted to serve the demand.

Immense injury arises from the endeavor to extort nervous and muscular energy by medicaments and by other means than is provided by nature, in the *natural use* of the instruments of power. In no other way is their capability for use re-enforced and maintained.

The blood contributes of its multi-form components to whatever tissue presents its demand by *action*, that which, through the organizing process, is capable of sustaining such action. Every functional act is a local demand on the whole resources of the system. The organ is local; the supply is general and mobile. The parts of the rectal system are so connected and so responsive to local nutritive calls, that they unite in urging the general supplies forward to the point of need. The blood evidently comprises ample resources to sustain alike muscular and nervous energies, and these are yielded to the support of either in the ratio of the demand produced by use.

Healthy persons, therefore, find no difficulty in supporting *either* class of functions from the same food. This shows that ordinary food contains ample diversity for all needs, if for those

in good health, therefore for the ill, whose requirements are the same in quality, but greatly diminished in quantity, by reason of inactivity of function. Hence, it appears that special aliments for the support of weakened powers are of slight utility; the plan does not recognize that the essential difficulty is not in aliment, as such, but in its imperfect application to use.

The physiological process or deriving vital energy from aliment is a double process. Muscular energy is naturally evoked by the incitation of nervous energy. The senses, the emotions, the intellect of that resultant of the combination of these designated as the will, are the usual and natural provocation to muscular action. This mode of action of the two varieties of power involve nutritive changes in the respective instruments located at the utmost distance from each other. The two classes of functions, while acting nearly simultaneously, are, in fact, *the natural counterpoise of each other*—at least as regards the distribution of nutritive support, derivable from the blood.

This law is essential. Otherwise there can be no surety of proper distribution of the blood, laden with energy-bearing material. It is in the contravention of this law that we shall find a profound cause of derangement in the product of energy yielded by the system, and of the organs which give rise to it. This law is, in fact, the key to the Etiology of widely prevailing forms of nervous disease, and equally a guide to prophylaxis and cures.

The approach to and final consummation of nervous disease proceed something in this wise: Exercise of the nervous function, in some one or more of its departments, is prolonged. Constitution, habit, circumstances control this. The continued evolution of nervous energy compels, to a

corresponding degree, the adjustment of the physiological mechanism to support the energies being so liberally and unremittingly set free, by conveying the blood in increased amount to the region of action. But corresponding muscular action being wanting, it is plain that the condition absolutely essential for redistribution of the circulating fluid, in this way focalized or concentrated, is inoperative. The consequence is, the local vessels of the brain and spinal cord become surcharged, dilated, stagnant. Hyperæmia is the inevitable consequence. From this there is no prospect, no hope of permanent relief, except by the operation of the natural law—making of a counterpoise of the muscles and muscular action. In this downward progress, the first stage is apt to be temporary excitation (neuralgia), soon followed by diminished power of sensation or motion or both. This may be succeeded by well known pathological changes of substance of different orders, which, however, are not the real disease, but its last products.

Then residual effects if aberration of function are less amenable to physiological destruction than are the normal tissues, but do not necessarily require remedies additional to physiological action. But this action must be *intensified* by introducing exterior energy through mechanical methods.

Defective counterpoise causes the pathological state only in case of the nerves. Excess of muscular action can only *diminish* nervous manifestations. That intellectual strength, emotional power, and even sensation are distinctly diminished, by prolonged excess of muscular action is matter of common observation. Injury occurs only when the muscles failing for want of rest, are further stimulated by still greater nervous exertion by the will, when temporary

nervous exhaustion occurs, which is restored by judicious rest.

We may now present some of the various kinds of evidence of the correctness of the fact that the principal instruments of nervous energy are seriously injured, often destroyed by prolonged deficient muscular counterpoise.

Physiological evidences. These have mainly been presented in the fact of the facility with which the sources of energy may normally be diverted from one portion of the system to another, and from one tissue to another, and so be made to assume at will the form of dynamic or of nervous energy, according as it is evolved by the muscles or the nerve centres.

Pathological evidences. Certain morbid irritations of the spinal centres produce muscular spasm. The violent muscular contraction and liberation of energy, calls for the nutritive support, producing thereby such counterpoise as to diminish the morbid nerve excitation, and the spasm temporarily, at least, removes its own course. Epilepsy is an extreme illustration of this principle. The whole muscular system is thrown into violent contortions. The revulsive effect of extreme muscular activity reduces the local nerve irritation, (which may consist of temporary local hyperæmia) and the system very soon returns to its normal equipoise. Hysteria presents similar marked illustrations of the principle, as do also instances of local spasmodic action of muscles.

Therapeutic Evidences.—It is within the writer's experience and knowledge that each of the above forms of spasmodic action is radically cured by means of *energetic muscular action* or rather by such action *imparted* to the muscular system. For, according to the hypothesis as well as the facts of experience, it is necessary that *nerve*

centres should *not* act; that the motion should be not only very energetic but entirely passive.

Evidence from the consequences of pain. It is well known to physicians that in prolonged Sciatica, the affected limb is soon found to be diminished in size. The difference of circumference between the affected and the sound limb often amounts to one or two inches at the thigh. So too the muscles of any other painful part will diminish. The reason for this is evidently because of the diminished muscular nutrition produced by the excitement, and consequent increased demand for the support of the morbid energy of the nerve centres. The muscles are starved by pain—pain being doubtless a form of energy, and a product of increased nerve nutrition. It is often observed that even a painful rheumatic member soon diminishes in size, affording evidence of morbid diversion of the energy bearing nutritive support. On the other hand, excited muscular action or continuous spasm, sometimes occurring in partial paralysis, causes *increase* in size of the affected muscles showing conclusively which form of morbid excitation demanded the larger amount of support.

Evidences from the effects of drugs. The class of drugs included under the head narcotics, or quiet and sleep producing remedies, have the ultimate effect of increasing, relatively at least, the functions of the cerebro-spinal centres. It is not necessary to theorize on this point. Appeal to facts soon convinces us that the habitual opium and morphine user sleeps far less than if he never used the drug; that he is wild with sensorial and emotional excitement, and that his muscles become shrivelled to the last degree. These are conclusive evidences that the drug has diverted nutrition from the muscles to the

nerve centres, which come to evolve an excessive amount of uncontrollable energy. So, too, the bromides produce a staggering gait, betokening weakness of nerve, and hydro-chlorate has produced many cases of insanity. The sedative, in the long run, diverts nutrition to cerebro-spinal centres by the local irritation it superinduces.

Evidences afforded by the Therapeutics of Motion, or Transmitted Energy. Whenever passive motion is transmitted to a muscular part, the pain which may previously have pervaded the region, ceases. If desirable, complete local anæsthesia is procurable in this way. It would seem as though surgical operations were possible under the local influence of motion. The readiest explanation of this fact is, that the nutritive excitation of the muscles temporarily reduces that of the nerve to a minimum—the muscular mass being immensely greater than the nervous mass, this effect would necessarily result.

It is the constant experience of patients receiving passive motion, as transmitted energy or otherwise, that *sleep* is produced; in fact sleep becomes after a little quite irresistible with some patients. This fact probably is due to the same cause.

MARASMUS.

BY

J. B. WISSECOFF, M. D.

Goodland, Ind.

Hahnemann in his labor during his life established what he called and what all homœopaths recognize as the law of cure. He very properly reasoned that we were subjects of, and amenable to, the laws of health and that there must necessarily be a

law of cure to which the domain of remedial agents was subservient. And the disciple of Hahnemann is daily brought in contact with cases that confirm beyond all doubt the truth of the axioms laid down by the great teacher. Take for instance the above named morbid condition which is prevalent among children. How often we are called upon to administer to such cases and how often we find that the case yields to the action of the Homœopathically prepared drug if it is administered as directed by the law of similars. And here again we are brought face to face with another great truth which still goes flashing meteor-like across the medical horizon burning hot as if just dropped from the lips of the great departed while he is teaching the doctrine of "Psora" both latent and active. In his chronic diseases he tells us how it became a factor in abnormal conditions to which man is subject how it lies dormant and how it is transmitted to the succeeding generations even to the third. After making this discovery he then points most unerringly to the Medicinal agent the administration of which will produce a cure. To the truth of the above I wish to testify by reporting two cases recently treated and dismissed cured. In May last I was called to see a child of twenty months; the messenger stated that the child had been ailing for some time and fears were entertained that the little fellow would not survive.

I found the most perfect picture of emaciation that I deemed it possible for one to obtain. The skin was full of wrinkles and had all the appearance of a person eighty-years of age, had a fair appetite but its food did not seem to nourish it at all. Of course I was not at a loss to know what the difficulty was. I prescribed Cal. carb. 3rd Trit. a powder daily. I left powders enough to last about a

week. I heard no more for a month and then was told that the child was in prime condition and has continued to grow finely ever since. Last September a lady whom I had treated and cured of an ulcer which was located on the left tibia and which by the way was a case of scrofula and syphilis, brought to my office her babe about fifteen months old nearly as bad as the case first mentioned. I prescribed Cal. carb. 3rd trit. and Aurum 3rd trit one powder of each on alternate days. The child is now doing finely. Two prescriptions did the business effectually. In both these cases there was undoubted transmission of the Psoric virus from the parent to the progeny and exhibiting in detail all the symptomatic phenomena portrayed by Hahnemann. In view of all the facts observed from a Homœopathic stand point, how is it possible not to be profoundly impressed with our responsibility as a disciple of the system having for its motto "Similia Similibus Curantur?"

PHIMOSIS.

BY

W. M. L. FISKE, M. D.

Brooklyn, N. Y.

Seven years ago I was called to see a child eighteen months old—light complexion, large head, open fontanelles—who, upon the slightest provocation, either in being awakened suddenly, a loud word or noise, slamming a door, or crossing in any way, would excite a violent attack of laryngismus stridulus, which would frequently end in a complete convulsion. The former physician diagnosed correctly, and prognosed recovery if the child lived to the complete eruption of teeth. After seeing the child a few

times the mother called attention to a habit the little fellow had formed of continually pulling at his foreskin. Upon examination I found a complete phimosis and very small opening. I advised and performed circumcision, as a simple hygienic measure, little thinking of its effect upon the spasms, but to my surprise and gratification it made a complete cure. This case, of course, opened my eyes to the fact that dentition *alone* is not always the cause of this most distressing malady, and without detailing the others, as there is great similarity, I would state that since that time I have cured three cases by the operation, and that I have never as yet seen the disease in a female child. This may be a simple coincidence, but I speak of it for future observation by my confreres.

CRITICISM ON "HOMŒOPATHY: WHAT IS IT?"

PROF. A. B. PALMER, A. M., M. D., University
of Michigan.

IV.

E. J. LEE, M.D.,
Phila., Penn.

The unselfish labors of philanthropic men seeking to encourage virtue and to conquer vice and fraud is perhaps one of the noblest of human traits. And, to their credit be it said, in no part of life's busy hive is this pure disinterested philanthropy so frequently exhibited as among our Allopathic brethren; indeed their only desire seems to be to expose quackery and thereby rescue the sick and suffering from base charlatans.

The special fraud now to be unearthed is Homœopathy and the philanthropic knight-errant is Prof. A. B. Palmer, A. M., M. D., of the University of Michigan! This Don

Quixote, sitting in the undisturbed quiet of his office, plaintively sighs—

"What shall I do to be forever known
And make the age to come my own."

When suddenly, as an inspiration, there comes to him a vision of the laurels to be won by tilting against Homœopathy. He remembers the honors heaped on Dr. Hooper, of Rhode Island, for his farcical attack, nor are the futile assaults of Sir James T. Simpson, Sir John Forbes, Sir B. Brodie, of Drs. O. W. Holmes, Bigelow, Da Costa, Routh, Wood and others forgotten; nay rather through this formidable array of would-be philanthropists he sees his way clear for coining a few dollars and for rendering his—

"One of the few, immortal names,
That were born not to die."

Hence this crusade against invincible truth.

On examining the lance which this, our modern, Don Quixote lays in rest to do battle in behalf of that worn out old jade, Allopathy, we, at first glance, thought it must be of Milwaukee growth and trimmed for service from her Academic Halls; but closer observation shows it to be the same old weapon, as of yore, strengthened now by spliced fragments of lances shattered in previous encounters with impenetrable truth.

Their own old weapon may now be fairly turned against them, and we (dropping our metaphor) can say of this new tirade—

"What is new, is not true,
And what is true, is not new."

In a word—to be brief—this work is simply a "re-hash" of their old worn-out arguments (?) of Nihilism and humbuggery; our medicines, they claim, are "nominal and nugatory" (as Bigelow facetiously calls them); if we ever cure disease it is done "*secundum artem*" with Allopathic

drugs; we are uneducated, we know nothing—and don't even know that well!*

Such are, and ever have been, their shallow arguments. These arguments (if I may so dignify them) have been refuted often, and by none more thoroughly than by their own Sir John Forbes. Such being the case, it is not necessary to give the pseudo-arguments of this mere compilation of an extended notice.

Yet, *en passant*, I may call attention to the *mistake* our author makes, in his preface, by declaring that Homœopaths have always refused to enlighten the world as to their theory and practice.

To refute this canard, we can instance thousands of pamphlets circulated freely, simply to teach the laity these points. Or we might notice the rapid homœopathic progress of Allopathy as refuting this charge of secrecy; for, if we had kept our knowledge a secret, Allopathy could never have made a greater advance in the last 50 years than in all the previous 2,000.

If this unwillingness to make public our laws and the composition of our medicines be a good argument—if true?—against Homœopathy, why may we not apply the same test to Allopathy? For we know they are very careful to allow no suspicion of their uncertain empiricism to be whispered abroad.

Does not Dr. Palmer remember how Prof. Matthews Duncan was, but recently, severely censured for candidly asking, before the Edinburgh Medical Students, "of what remedy in common use can a physician give a

reason, sufficient for all, for the faith that is in him?" Dare the Allopathic physician ever give publicity to the secret scepticism he honestly feels as to the medicinal agents he administers with such seeming confidence? Dare he ever candidly confess the truth to *his* patient?

Experience answers, No! 'Tis only when gathered in the secret conclaves of the initiated, where doors barred and padded prevent a suffering world from hearing an honest medical opinion, that honesty speaks.

There they express a scepticism which would, if heard, cause a shudder to pass over many a too confident believer in his Æsculapeian demi-god. Truly, "where ignorance is bliss, 'tis folly to be wise"!

Were the Allopaths inclined to be truthfully instructive (outside the lecture hall), they might do so somewhat in this style: "This complex prescription, which I am now writing for you, has been recommended by the celebrated pathologist, Prof. X, as giving good results in your disease, which I diagnose pneumonia (if you have no pneumonia my prescription is faulty). Prof. X has tried this formula three times, with two recoveries and one death.

"Four cases will assist us in deciding its efficacy and aid us in scientifically classifying these drugs. Should you die the profession will scarcely be warranted in again using this prescription, as its record would then be two deaths to two recoveries; an even chance for life or death.

"Moreover, honesty compels me to confess that we know little of the individual action of the drugs composing this prescription, and are entirely ignorant as to their effect in a compound form; nor can we safely promise they will restore you to health, or even that they will be wholly innocuous.

*Prominent among our educational shortcomings is cited our pathological ignorance; to this our only plea can be that pure Homœopathy leaves few subjects for post-mortem research. Allopathy offers superior advantages here.

In short, our theory—if we can be said to possess one—may be briefly summarized as follows: In prescribing, we rely chiefly on the authority of a name, on the word of an author, or the “ipse dixit” of a leader, having no therapeutic law; we decide as to the value and efficacy of our drugs by the numerical method; we prescribe, not for symptoms, but for a pathological name (hence a diagnostic error is fatal), indeed every physician of a few years’ experience, has his specifics for each disease. Thus, you see, after thousands of years of erratic empiricism, we know little of internal drug action; but we can always gain some satisfactory results from external treatment, as one of our leading physicians justly says, ‘tangible remedies are the favorites of the physician and the vulgar.’” And were our (supposed) candid friend inclined to be censorious he might conclude his confession in the words of the illustrious Dr. H. C. Wood, saying, “little by little is creeping out that which the regular profession has long known, namely, that for a man to be an Allopathic* physician at present necessitates that he be ignorant, foolish or knavish—that is, if it be knavish to live a lie.” Living a lie is, undoubtedly, very knavish. And this knavish life can only be avoided in the future by a full and free confession from the transgressors—the Allopaths; which confession would certainly be honest, but probably not pecuniarily beneficial.

Such is Allopathy, the child of necessity, the offspring of blind empiricism, wedded to deaf bigotry, celebrating its 2000th birthday!

* I have taken the liberty of inserting “Allopathic” in place of “Homœopathic” in this quotation, thereby correcting the unintentional, but very obvious, mistake of Dr. Woods.

Had Allopathy obeyed the golden injunction of old father Hippocrates, “DO NO HARM,” it would at least have merited the praise of being harmless—as well as useless.*

In another place Prof. Palmer (A. M., M. D.) says Homœopaths declare Aconite will cure fevers and inflammation. Now, true Homœopaths make no such sweeping declaration, nor do they ever prescribe for pathological names. The professor adds, as if to clinch this false assertion: “Aconite never, *so far as I know*,† cause fever or inflammation.” “So far as I know” is good, and doubtless extends very far and means very much, but then, even Prof. Palmer (A. M. and M. D. though he be) does not know everything.

Now, if he wants to learn more and to gain some real useful information, let him apply to some of those excellent homœopaths, who dwell not so very far from him; if he should do so he would see (unless indeed he be one of those of whom it is written “eyes have they, but they see not; they have ears, but they hear not”) that Aconite *does* cause fever and inflammation and *cures* them also when it is the true similitum and *only then*.

I have thus pointed out the weakness of one or more of the argu-

* NOTE.—I refer in these strictures on Allopathy chiefly to the therapeutics of that school; in its other branches much real good has been accomplished. To justify my criticism, I make only one quotation—of many possible—from their own authors. Boerhaave, the most celebrated physician of the 18th century, left his medical experience in these few words: “*Keep the head cool; the feet warm; the bowels free.*” Prof. Clarke, of Harvard, commenting, says: The result of therapeutical experience, from Hippocrates to Boerhaave, was fairly summed up by the latter in these few words just quoted. And, I may add, all the therapeutical knowledge gained since then has been filched from Homœopathy.

† All italics are mine.—L.

ments (?) advanced; but we have another and better answer to this and all other like attacks on Homœopathy, which is this: Acknowledging all the Allopaths have said as to our "inert medicines and absurd theories," we ask how it is, if all this is true, that Homœopathic physicians increase in number and reputation; how is it that many of your ablest men acknowledge that we cure disease as well as, if not better than, they do?

How was it that Andral, Broussais and Forbes have declared that Homœopathy was worthy of the closest study? Why did Allopathy, after long ridiculing drug proving suddenly adopt it "as the *only* rational ground work for the treatment of disease? Why do the text-books of Phillips, Ringer & Co., so suddenly appear and so rapidly become favorites? Why do Allopathic pharmacists sell to Allopathic physicians the "inert pillules" of Homœopathy?

Why has bleeding been so suddenly dropped (after 2000 years of reckless use), why is polypharmacy discarded, why are small doses adopted, and most wonderful of all, these same small doses administered according to the law of the much reviled Hahnemann? Why have all the improvements in treatment, all the advances of the so-called "scientific school" been towards the "fanciful theories" of Homœopaths? When Prof. Palmer (A.M., M.D.), answers these queries satisfactorily he will edit a much more readable book than this one can be considered.

Nevertheless I can conceive of a class of readers to whom this book—poor as it is—will be more agreeable than any other fictitious literature. And I can see, with an almost prophetic vision, how unanimous will be the "verdict of science" as delivered by allopathic journals in favor of this

"classical exposition of a fraudulent and exclusive system of medicine." "Prof. Palmer," they will say, "displays the acumen of the logician joined to the ripe scholarship of the thoroughly equipped scientist; no one, we fancy, after reading this clear and concise, yet candid, exposure, can longer practice homœopathy; unless indeed he be either a fool or a knave or—*both*." And the "regular physician," as he sits in his lonely office and sees his former patients pass by on their way to the neighboring Hahnemannian healer, can have his little revenge in perusing this book.

In conclusion, I would say to Dr. Palmer (A.M., M.D.) that if his object be simply to overthrow Homœopathy, he is too late. For if the giants of his school, in former days, were unable to stem the stream while it was yet but a mountain rivulet, how does *he* expect to check it, now as it whirls on in its destined course with the expanded and tremendous force of a Niagara? The attempt would, I am sure, never have been made had the learned Professor remembered Spencer's warning saying:

"But who can turn the stream of destiny?"

The true *casus belli* of this and all other attacks on our "fanciful theory" (as Dunglison kindly calls Homœopathy) is that our friends, the Allopathic gentry, are not feeling so well pecuniarily as they were, once upon a time, before "Globulism" came as the greatest earthly boon a merciful God could bestow on his long suffering people, giving them health and loosening the insatiable leech from their very vitals. For it cannot be denied that Homœopathy, purely practiced, is being widely accepted and gratefully appreciated; more and more so as the laity becomes educated and so less inclined to tolerate Allopathic empiricism.

But probably Prof. Palmer, (A.M., M.D.,) being an Allopath, is not to be blamed for his suicidal attempt on this impregnable citadel of truth, for as Don Quixote says:

"Every one is as God made him
And oftentimes a little worse."

CARBUNCLES AND BOILS.

BY

WILLIAM GALLUP, M. D.,

Bangor, Me.

CASE I.—Mrs. S., aged about fifty-three, of sanguine and nervous temperament; usual health good.

January 22d, has a large sized carbuncle on left side of chest, just below the mammary gland. Has had nearly forty boils about the chest and abdomen during the past five months; some of them suppurated, but others, though quite sore and painful, terminated by resolution. These were of a purplish hue, and caused a burning, stinging sensation, as if from splinters passing through them. To-day there are six boils in the region of this carbuncle, within twelve or fifteen inches of it, in different stages, bordering on the suppurative process, of the size of a five cent piece and larger. The carbuncle is fully four and a half to five inches in diameter, and causes the same prickling and stinging sensation as do the boils; also a severe burning sensation. It presents a dark-red and angry appearance, much more so than any of the boils have exhibited.

From these points I gave at 4.30 p. m. Nitric acid 30, four drops in half a tumbler of water; a teaspoonful every eight hours, until two or three doses are taken, then every twelve to twenty-four hours or longer if any

perceptible mitigation of the symptoms occurred. I also left directions to dress the carbuncle with a cold water pack, and a small one over each of the boils, which were very painful; the dressings to be renewed if the parts became heated and painful.

February 1st, reported decided mitigation from the first and second doses; slept much of the night; in morning felt but slight pain and soreness. The stinging, burning and pricking pains had disappeared. Carbuncle in a quiet, subdued state, the boils quite comfortable and very little uneasiness in any of them. Some sore feeling about them. Took the third dose the next evening, twenty-eight hours after the first dose, and during the next twenty-four hours all soreness and uneasy feeling about them was gone, and there was no appearance of any boils afterward.

CASE II.—Mr. S. had been suffering from a carbuncle on the right hip and nates for a week; had been poulticing it for six days and nights, renewing the poultice every two or three hours. The parts had been quite painful from the first. The carbuncle opened three days since by a large surface about one and one-half inch in diameter, with holes in it the size of a small pencil, but did not afford much relief.

The areola was larger than the top of a common saucer, five inches or more, with purplish rings surrounding the opening. It presented a hard, shining appearance, and caused a *compressed, tight feeling, with an outpressing sensation*. It discharged a thin, ichorous, watery secretion, from which sore will rarely, or only after a long time, heal; *hot, dry skin; frequent thirst, but for a swallow or two at a time*. The *compressed, tight, and outpressing* sensation was prominently aggravated by any movement, but must

turn frequently, being obliged to lie on left side; occasional chills, but the *dry heat predominated*. Bryonia alba appeared the prominently indicated remedy. I gave eight or ten pellets of 30th potency in one-third of a cup of water, two teaspoonfuls at 9.30 P. M., to be repeated in two hours, and again to three to five or six hours, as was needful. As soon as relief of the *tight, compressed feeling, general dry heat*, and restlessness occurred, the interval to be still further lengthened, or the medicine withdrawn. I covered the raw spot and the whole areola with a cold-water pack.

Two days later patient reports some relief from the first dose, but a marked relief soon after the second; but as he did not get quiet enough to sleep, took the third dose between three and four hours from the second, then soon fell asleep and slept soundly for three hours. He awoke in a profuse perspiration and free from pain; could walk about and sit down easily, as he had not done for six days before.

At eight o'clock next morning he rode three miles in the cars to his place of business, and sat around on benches and chairs all day without any trouble. The sore healed kindly, and gave no further trouble.

CASE III.—Mr. P., aged about 25 years, works in a brick-yard, handling the cold clay, etc., came to me on Sunday, about 10 A. M.

A felon was forming on the lower third of the second phalangeal bone of the forefinger of the right hand; began about thirty-six hours before; obliged him to stop work yesterday morning, and was soon quite painful; had been poulticing it over twenty-four hours, renewing them every two or three hours. The pain had been quite severe all day and night, preventing him from sleeping. The whole finger was much swollen; pains

extending to the wrist and elbow; much heat and *painful throbbing, tight compressed feeling with outpressing sensation* as though it needed more room; *dark, congested state* about the part; much general heat of the whole hand and arm; chilly feeling at times, but the *dry heat was most prominent*.

These symptoms are characteristic of *Bry. alb.* I gave him four powders, of three or four pellets each, of the 30th potency. Gave him one on the tongue about 11 A. M., the dose to be repeated at 4 or 5 P. M., and at bedtime, unless it got easy so as to let him sleep. If painful on awaking the third powder was to be taken, if not easy in the morning to take the remaining powder, to stop the medicine when the pain should be relieved. The finger was dressed in a cold water pack, to be renewed if it felt hot and pressed. If he did not feel able to go to work by 10 A. M. next day, to let me see him.

Three days after, as I passed the yard, I called for him to report. He stated that the first dose relieved him considerably; he repeated it at 4:30 P. M. and soon got quite easy, and slept during the evening and forepart of the night, and had a free and general perspiration. There was some dull pain in the finger; took the third powder near midnight; soon quieted and slept till morning. At 8 A. M. felt some tenderness about the spot; could bend the finger easily and freely without causing any pain. Took the other powder and went to work about 10 A. M., handling the cold clay, and felt no further trouble from it.

CASE IV.—Master H., aged about fifteen years; general health good. On my first seeing him, I noticed a polypus hanging out of each nostril down to the lower edge of the upper lip.

His mother said he had been so, at times, for a year or more; they did

not know that anything could be done for them. Nose had troubled him for ten years, more or less; much discharge of watery mucus from both nares, especially in warm or damp weather, and more or less all the time; much obstruction in breathing in both nares, especially at night.

Teucrium mar. ver. appeared indicated by the prominent symptoms, and I gave five powders 30th potency, the dose to be repeated twice a week for two weeks. After five weeks he reports much improvement; can breathe through the nose much better; had no protrusion since, and much less of the secretion from the nose; and is feeling much better. The remedy was continued, one powder a week. Shortly afterward the family moved out of the city, and I lost sight of him for fifteen years. I then met him, when he reported that there had been no further trouble, until about a year ago, when he took a severe cold, and felt a return of some of the "pressed feeling," but not sufficient to prevent his breathing freely and easily through the nose.—*Trans. N. Y. Society.*

HOMATROPIN A NEW MYDRIATICUM.

13

C. TH. LIEBOLD M. D.

New York City.

Prof. Ladenburg of Kiel has given us a new preparation, which, if the experiments so far instituted prove true on a larger scale, will soon occupy the front rank of mydriatics. The advantages claimed for it are, that while it dilates the pupil, and paralyzes the accommodation as well

as Atropin itself, it is much shorter in duration, the effects disappearing in from twelve to twenty-four hours entirely, while with Atropin they last, as we know, often from eight to twelve days. At the same time it is much less poisonous than Atropin. The Homatropin or Oxytolnyetropein (C.16 H.21 NO.3) is prepared from tropin—itsself derived from Atropin—amygdalic (phenyl-glycolic, or benzo-glycolic) and dilute hydrochloric acids. It has not been obtained yet in a crystalline state itself but the salts crystalize readily. The one used at present is the hydro-bromate. The hydro-chlorate and sulphate have also been prepared. The hydro-bromate is a whitish salt in very small crystals, resembling the nitrate of Pilocarpin, it is not hygroscopic but soluble in 10 parts of water. The solution keeps well. We use a solution of 1:200.

Three cases where we have tried this new remedy fully confirm what is claimed for it. The dilatation of the pupil commences in from seven to twenty minutes and is at its maximum in thirty minutes. At the same time the accommodation becomes paralyzed. Twenty-four hours afterwards the pupil was found normal again and the accommodation perfect.

STOMATITIS MATERNA.

13

MILLIE J. CHAPMAN, M. D.,

Pittsburgh, Penn.

This affection appears less frequently than some others, but may become one of the most interesting diseases that complicates pregnancy

or lactation. Its manifestation in many forms and complications renders its description difficult and the treatment varied.

Nothing new concerning the ætiology has been ascertained since the subject was presented to the Institute several years since by Dr. Dudley. Then, as is believed by many now, it was thought to be dependent upon a scorbutic cachexia; scrofula, miasmatic influences and menstrual irregularities only being concomitants, not causes. Evidently it cannot result, as some writers attribute, from the peculiar irritation which the act of nursing produces upon the digestive organs, since it appears during pregnancy before its irritation exists.

The variety of theories concerning its nature, the limited literature on the subject with the infrequency of the disease, has often embarrassed the practitioner when meeting a severe case. Recognizing its resemblance to scorbutus and employing remedies used in that disease, greatly facilitates the treatment.

Being a disease of debility, it produces great suffering. It usually disappears on weaning the child; this, however, should not be resorted to unless the child's health begins to fail, and the mother's suffering increases.

All the cases coming under my observation have been attended with an aphthous ulceration of the os uteri. Some have been mild cases yielding readily to treatment, others seeming very intractable. It may occur during pregnancy or lactation, seeming in some persons to be constitutional. It is a condition controlled quite as much by diet, care, and hygienic influences as by the remedies administered.

Fruits, acid drinks, buttermilk, cabbage, lettuce and other vegetables, fresh air and cheerful surroundings are all highly important.—*Ext.*

TINNITUS AURIUM.—In a paper on the forms, causes, and treatment of tinnitus aurium, Dr. W. Douglas Hemming gives the following table, showing the classification of noises in the ear, together with the causes producing them:

| KIND OF NOISE. | CAUSES. |
|--|--|
| 1. Tidal "to-and-fro" noises, like the sound produced when a shell is held to the ear. | Intense; chronic catarrh of the middle ear, ending in undue contractions of intrinsic muscles. |
| 2. Humming or buzzing noises, like the sound of a humming-top or the buzzing of a bee. | Impacted cerumen, eczema, foreign bodies or parasites in the external meatus. |
| 3. Gurgling or bubbling noises, as if air bubbling through fluid. | Fluid in either (a) the tympanic cavity or the Eustachian tube; the result of catarrh. |
| 4. Rustling or crackling noises. | Deficiency of cerumen, changes in the meatus, or on the eardrum, gossamer and detached epithelial plates, catarrh in its later stages. |
| 5. Constant crackling noises, like the forcing of water in a cataract. | Acute congestion of the labyrinth. |
| 6. Pulsating noises, often said to be like the beating of a drum; frequently synchronous with the pulse. | Extra-aural causes, anemia, aneurism, etc.; or arterial congestion of the labyrinth. |

OBITUARY.

Dr. John H. Wheeldon, professor of chronic disease in the Buffalo Homœopathic College of Physicians and Surgeons, died at Perry on the 8th, aged 49 years. He was one of the coroners of Wyoming county, also a leading member of several societies, notably the Ancient Order of United Workmen, the Maccabees, the Equitable Aid, and the F. and A. M. He graduated at the Buffalo College in 1867, served three years in the English navy, traveled around the world, and while in Africa set the arm of Dr. Livingstone, the noted explorer, the limb having been broken by an African lion. The funeral occurred on Nov. 11th, at Perry, N. Y.

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *only insofar as we edit them.*

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EDITORIAL.

IN DUBIIS LIBERTAS.

A story is told of a celebrated French Astronomer which is illustrative of the diffidence of true knowledge. It is said that upon one occasion he was asked by a lady. "What are comets tails made of?" To which he answered, "I do not know." "Then why are you a Royal Astronomer, if you do not know?" "That I may say I do not know," was his smiling reply.

It is one of the characteristics of great intellects that they never arrogate to themselves superior wisdom, or that truth is to be found alone at

the bottom of their own particular well. The possession of absolute truth upon any subject is not attainable in the present condition of human knowledge, whatever it may be in the future, and while we accord the fullest respect to the man who differs from us and who honestly lives up to his belief, we ask that he should accord the same to us.

What is Truth?" asked Pilate jestingly and the question remains unanswered to day. The accepted truths of yesterday are errors to day and the axioms of to day may prove to be the fallacies of to morrow. It is true wisdom to doubt, and to be ever ready to learn. Especially is this true in our profession, we are and must ever be students, striving to hold fast the right as it is given us to see the right and according to our neighbor the same liberty we ask for ourselves. The question of dose in the Homœopathic school is still an open one and while it must remain so we should meet freely and frankly on the broad grounds that are undisputed.

We have been led into this train of thought from the fact that the publishers of this journal occasionally receive a letter from some subscriber, in which, having taken exception to some article as not in accordance with his views, he demands the stopping of his journal; apparently forgetful of the fact that its pages are open to him to combat any views he may deem erroneous. It not infrequently occurs that the very article which disappoints one reader will call forth

the commendation of others. The AMERICAN HOMŒOPATH is the organ of no clique or school. It has no axe to grind; no purpose to serve except the advancement of Homœopathy, no views to advocate, except the superiority of the Homœopathic science of Medicine. This being the case, it, of necessity, follows that its columns must be open to all that tends to aid these objects. The articles published reflect the views of the writers only. The editors are as impartial and as impersonal as the paper upon which it is printed.

CHILDREN'S CLINIC.

BY

M. DESCHERE, M.D.

N. Y. City.

The following is a report of 303 cases treated by me in the New York Homœopathic Medical College Dispensary, during the time from June 8th until August 26th, 1880.

I select these months on account of the great mortality amongst children in the city from the effect of the summer heat.

The result was to me a most gratifying one, as the percentage of death is *hardly 2 per cent.* If we consider the poverty, crowded living in tenement houses and uncleanly surroundings of the patients treated, I think the results compare favorably with those obtainable by any other mode of practice under similar circumstances.

The remedies which proved most effective in the treatment during these

three months were all given in the *30th potency*. I adopted this grade for several reasons.

1st. I did not want to give any lower preparation but in exceptional cases, as in diseases of malnutrition, where I prescribed Calc. carb. or Phosph. in the *3d trituration*, using these preparations as *nutrition remedies*, (according to the example of Dr. v. Grauvogel), with excellent results.

2d. Higher potencies, on which I could rely, are not kept in the dispensary, else I should have preferred them.

3d. To give the convincing test of *daily clinical experience* to the unbelievers in high potencies.

The most successful remedies for the different affections were the following:

Adenitis: Bellad., Calc. carb., Hepar., Silic., Sulphur, Psorin.

Ani-prolapsus: Sulphur., when diarrhœa was present. Ignat., when stool natural, nervous symptoms prevailing.

Anuria: Aconite.

Aphasia: Sulphur., no result. Causitic., begins to improve.

Ascarides: Acon., Cina, Sulphur.

Atrophia: China, Calc. carb., Arsen., Kreos., Sulphur., Veratr., followed by Calc. carb. or phosphor., *3d trituration*.

Bronchitis: Acon., Bellad., Ipecac., Kali bich., Calc. carb., Baryta carb.

Gastric catarrh: Aethusa, Chamom., Ipecac., Rheum. Ant. crud., Iycop.

Nasal catarrh: Acon., Nux vom., Pulsat., Calc. carb., Merc. sol.

Naso-pharyngeal catarrh: Pulsat., Kali bich.

Cholera infantum: Arsen., Aethusa, Ipecac., Coffea, Pulsat., Sulphur., Calc. carb., Rheum, Chamom., Petrol., Veratr., China, Phosphor., Podolph.

Chorea: Tarant, (excellent in nocturnal chorea), Cina.

Colic: Chamom.

Constipation: Nux vom, Magn. carb., Lycop., Chamom.

Cough: Cina, Ipecac., Hyosc., Sulph. ac., Calc. carb., Bellad., Chamom., Laches.

Croup-spasm: Sambuc.

Dentition difficult: Calc. carb. (3 and 30), Chamom, Pulsat., Ipecac., Merc. sol., Acon., Cina, Sulph.

Diarrhœa: Chamom., watery stools, green or yellow, with much pain and wining before stool. Peevish disposition, restlessness at night; quiet only when carried about. Sulphur., morning diarrhœa, stools watery or slimy, very offensive, not very profuse but frequent; pains before and during evacuation; prolapsus ani. Podolph., morning diarrhœa, stools watery profuse, frequent, exhausting, offensive; often painless. Rheum, like Chamom., but stools smell sour. Petrol., diarrhœa of various forms only in daytime. Phosph. ac., diarrhœa frequent and profuse, but child playful, and apparently not much influenced; nor does it appear any way exhausted. Crot. tig., watery, with pain and redness of face, discharge coming out in a single gush. Besides these: Arsen., Veratr., Ipecac., China, Bryon., were used according to their well-known indications, all with the promptest effect.

Diphtheria: Iodine 30, Apis 30, Calc. 30, Baptis. 3, Kali bich. 30, Merc. prot. 3.

Paralysis post. diphtheritis: Caust.

Dysentery: Merc. sol., Sulphur.

Dysuria: Acon.

Eczema: Graph.

Eneuresis noct.: Ignat.

Epistaxis: Cina, Crocus.

Erysipelas: Bellad., Silic., Apis.

Malarial and intermittent fevers: Natr. mur., Gelsem., Nux vom.

Remittent fever: Gelsem., Pulsat., Acon.

Catarrhal fevers: Acon.

Furunculosis: Hepar., Psorin, Silic., Sulphur.

Gastrosis: Cina.

Hypertrophy of heart: Spigel., Pulsat., Acon., Phosphor.

Liver, enlargement of: Calc. carb.

Laryngitis: Acon.

Measles: Pulsat., Gelsem.

Sequelæ of measles: Sulphur., Cina.

Melancholia after grief: Ignat.

Ovaritis: left side immediately after disappearance of mumps of the same side, on the second day). Apis cured.

Edema from insect sting: Canthar.

Otorrhœa: Psorin.

Phthisis fibrosa: (after pneumonia, in right lung. Hectic fever, cough, mostly at night with piercing into the head. Case considered hopeless by allopathic physicians). Bellad. 30, cured.

Pemphigus: Vesiculæ (fluxion potency) cured.

Pertussio: Bellad., Ipecac., Drosera. (Vomiting of ingesta with the paroxysm is the key-note for Drosera.)

Tinea capitis: Petrol.

Urticaria: Ledum.

I give this table of remedies to show which were really curative in the various affections treated; knowing very well that they could not be depended on in prescribing for the same diseased conditions under different conditions; for my golden rule in selecting the remedy for a given case is to entirely ignore its diagnostic name, and to prescribe only for the subjective and objective symptoms presenting.

Most of the above cases were cured with a single prescription. In some the remedy had to be repeated, or changed as the symptoms altered.

I make it a rule for those who bring children to be treated to come back with the child, whether better or not, and thus reached the result of my treatment.—*Medico-Chirurgical Quarterly.*

CONVERGENT SQUINT.—Dr. C. A. Bucklin (*New York Medical Record*, vol. xviii., Nos. 4 and 16), in an article on the cause, results, and treatment of this deformity, recapitulates as follows :

1. All persons squint who can see by doing so and cannot see without. The degree of their hyperopia or the strength of their internal muscles can be what they may.

2. Every squinting eye that is not due to *paralysis* of a muscle can be straightened.

3. Never fail to satisfy yourself, before leaving an eye you have tenotomized, that the mobility of the eye is sufficient.

4. The use of one eye is usually lost in convergent squint; consequently its earliest symptoms should receive prompt attention.

VESICO-VAGINAL FISTULA FROM SYPHILIS.

IV

S. R. BECKWITH, M. D.,
(Cincinnati, O.)

CASE 1.—Mrs.—, age 30. Contracted syphilis two months before her confinement, chancres, according to her statement, appearing upon the vulva and in the vagina, she supposing they were ulcers due in some way to her pregnancy. I attended the lady in her confinement. The child was stillborn. Its body was covered with a syphilitic eruption, and on inquiring of her husband learned that he had primary syphilis, and communicated it to his wife two months previous. Her labor was brief and easy. As soon as the lochia ceased I made a specular examination, and found deep syphilitic ulceration and considerable vaginitis. Notwithstanding treatment, perforation of the vesico-vaginal septum occurred in a few

weeks. I continued to treat her for syphilis for two months, when assisted by Professor Ellis, I operated for fistula, without success, the opening after the failure of the operation being much enlarged and its edges becoming covered by ulcers. I renewed the treatment for syphilis for one year, when Professor Ellis returning to deliver his college lectures, we again operated. In this instance we inserted a greater number of sutures, and treated the edges with an application of Nitric acid every second day, and kept in the vagina lint wet with a weak solution of Baptisia tinct. I allowed the sutures to remain for two weeks, although the catheter was removed on the eighth day, and no urine afterwards escaped through the fistula. A complete union occurred and for several years she remained in good health, when I lost sight of the case by her removal from the city.

CASE 2.—A woman of doubtful reputation, who from some cause had several miscarriages, became the patient of Dr. Robinson, of Kentucky. While I was in consultation with the doctor on another case this patient requested us to visit her. She stated that soon after her last miscarriage her urine would at times escape into the vagina, and of late the discharge was almost constant. She had syphilis before her miscarriage, and she claimed that it was the cause of the abortion. I passed a bent probe into the urethra and found a small fistula in the anterior portion of the bladder. I had with me only a pocket case, yet I concluded to attempt an operation. The patient was placed upon her elbows and knees and with a tenaculum the vagina was drawn down and out, so that I was able to freshen the edges of the fistula. Two wire sutures were used, and the wound was treated with a weak solution of Nitrate of silver. The fistula seemed to

have been cured at the time of the removal of the stitches, but it soon was discovered by Dr. Robinson that it was not, although only a small portion of the urine passed through the perforation. Nothing further was done, and Dr. Robinson at present reports that very little urine escaped, and she will not consent to a second operation.—*Trans. N. Y. Society.*

HYDROCELE.

BY

JOHN E. JAMES, M. D.,

Philadelphia.

Varieties.—1. Hydrocele proper, or simple hydrocele, when the fluid is contained within the vaginal tunic of the testis. It shows itself first at the lower part of the scrotum, in connection with the testicle, anteriorly to and extends below it. It is of slow growth, occupying months and sometimes years before it attains size enough to give great inconvenience. It is without pain, except the dragging sensation due to its weight. It is of a pyramidal shape, and sometimes so large as nearly to envelop the penis. It is usually single, though it may involve both sides at one time, and is then called double hydrocele. It is translucent, except in old cases, where the sac or walls have become greatly thickened in consequence of inflammation, or where the fluid has become mixed with blood from any cause. Fluctuation is marked, except in rare cases, where the sac is so tightly distended as not to give the evidence of fluctuation upon palpation. The fluid when evacuated is found to be a straw-colored serum, containing albumen, the amount of

albumen being dependent upon the amount of inflammation.

This variety is sometimes confounded with scrotal hernia; but hernia shows itself first at the inguinal ring, and increases from above downward, is more rapid in its increase in size, has more or less pain, with a distinct impulse upon coughing or crying, unless it becomes strangulated; so that the history of the case, mode of growth, and impulse upon coughing or crying, make it easy of diagnosis.

2. Encysted hydrocele, where the fluid contained in a newly formed cyst-wall; is most generally connected with the epididymis; sometimes, though rarely, with the testis. Is more spherical; does not usually attain so large a size.

3. Hydrocele of the cord is usually congenital and due to the failure of the tunica to become attached to the cord in its entire extent, the fluid being secreted along the line and below the inguinal canal, giving the appearance of an inguinal hernia, with which it may easily be confounded. The fluid is of a lighter color, and sometimes contains spermatozoa.

Treatment consists of both medical and surgical measures. Various remedies have been used for the cure of this condition, but with only a meagre success, as regards hydrocele of any long standing; but in the congenital form they have yielded very gratifying results, and indeed any operative procedure is rarely necessary. While it is true that a spontaneous cure may take place, that, too, is the exception. In looking over the pathogeneses of the *Materia Medica* a goodly number of remedies have the symptoms. I will mention a few only which have proved curative:

Puls., in my hands, has most frequently been curative.

Graph., has a large clinical record. Con., another excellent remedy.

Rhod., is very prominent, clinically. There should be mentioned Calc. carb., Dig., and Iod., as very important remedies.

Surgical treatment is divided into palliation and the radical cure.

1. The palliation is the simple removal of the fluid by the trocar and canula, aspirator, or acupuncture.

In using the trocar or aspirator, hold the scrotum in the left hand firmly, introduce anteriorly and at the lower portion of the tumor, with the point looking upward to avoid the testicle, being careful, however, that it enters the sac, and then allow the fluid to flow out by withdrawing the trocar, leaving canula in place until the sac is thoroughly emptied.

2. To acupuncture, several needles should be inserted into the sac and the fluid allowed to drain off. This method is often curative, in consequence of the inflammation set up.

3. The radical cure is effected best by the seton, incision or the introduction of irritating fluids.

a. The seton is a simple and the surest method. The trocar and canula are used as in the palliative method, and after the fluid has run off the trocar is reinserted in the canula, the point carried to the upper portion of the sac, and then pushed out through the integuments; the trocar is withdrawn, and through the canula, which is left in position, is passed a long probe, armed with a few strands of silk ligature. The canula is then withdrawn, leaving the ligatures or seton in position. The ends are tied, and from time to time, as may be needed, the seton is moved through the scrotum until sufficient inflammation is set up to occlude the sac. This should be watched, so that if an undue amount of inflammation

arises it may be treated by hot fomentations and the administration of such remedies as may be indicated by the constitutional and local symptoms.

b. By the other method, a simple incision is made into the scrotum, the sac or tunica vaginalis is seized with the forceps, and a portion is clipped off with scissors. The cavity is then packed with dry lint for a day or two, until sufficient inflammation is aroused, when it is allowed to heal by granulation, thus occluding the sac.

c. The use of irritating substances is accomplished by using the trocar and canula as before. After the fluid has been evacuated inject about sixty drops of the Tincture of iodine, or the Compound tincture of iodine twenty drops, and water forty drops, and allow it to remain in the sac. The process of cure is the same, *i. e.*, arousing inflammation sufficient to occlude the sac. A number of other irritating liquids are used, but they are less certain in their results.—*Ibid.*

PROVINGS.

PROVING OF HYOSCYAMIN.—M. Empis, at a recent meeting of the Société Médicale des Hôpitaux (*La France Méd.*, 1880, p. 651), reported that he had frequently given hyoscyamin in the dose of one to four milligrammes without having obtained well-marked physiological effects. In the case of a patient suffering from paralysis agitans, however, he prescribed pills of five milligrammes of this substance. The patient took his pill in the evening after dinner. Some minutes later he was seized with a sort of drunkenness, nausea, and vomiting; for some hours subsequently he felt very ill. He was not seen until

the following morning. Meanwhile, finding after the vomiting was over that his hands trembled much less violently, the patient rashly took another pill. Dr. Empis, arriving a little later, found him feeling as if intoxicated; the trembling appeared to have ceased, he had a sensation as of mastic in his mouth, a little dryness of the throat, some nausea without vomiting. Violent delirium soon supervened, lasting several hours. There were four or five tetanic attacks. The patient failed to recognize his family, he saw animals about him, etc. In about three hours he began to recover. The next day he had no recollection of what had passed except the dreams of animals.

ACCIDENTAL POISONING BY ERGOT.

—In a case of midwifery, where subsequent hemorrhage was apprehended, a bottle of ergot was left by the doctor, with directions to administer half a teaspoonful every half hour in case hemorrhage occurred. By a misunderstanding, the half teaspoonful of ergot was administered every half hour from the time the doctor left. I reached the house a few moments after the messenger had been sent in search of me, and found my patient presenting an appearance that was indeed alarming. The face was of a bluish tint, and she seemed in great pain. The pupils were dilated, the pulse was quick, very weak, and occasionally irregular; there was dyspnoea, nausea (no vomiting), buzzing in the ears, and, at times, a tendency to syncope. The skin was cool and clammy. I learned that in all she had taken about $\frac{3}{4}$ ss. of the fluid extract of ergot. One of the most interesting features in the case was the powerful uterine contractions. — *Medical Record.*

EXTRACTS.

SALT AS A PROPHYLACTIC IN DIPHTHERIA.—In a paper read at the Medical Society of Victoria, Australia, Dr. Day stated that, having for many years past looked upon diphtheria in its early stage as a purely local affection characterized by a marked tendency to take on putrefactive decomposition, he has trusted most to the free and constant application of antiseptics; and when their employment has been adopted from the first, and has been combined with judicious alimentation, he has seldom seen blood-poisoning ensue. In consequence of the great power which salt possesses in preventing the putrefactive decomposition of meat and other organic matter, Dr. Day has often prescribed for diphtheritic patients living far away from medical aid the frequent use of a gargle composed of a tablespoonful or more of salt dissolved in a tumbler of water; giving children who cannot gargle a teaspoonful or two to drink occasionally. During the prevalence of diphtheria he recommends its use instead of sugar in the food of children, adults using the gargle as a prophylactic three or four times a day.

ANTISEPTIC MIDWIFERY. — Dr. Matthews Duncan, in a recent paper on this subject, presents many practical suggestions of value. Dr. Duncan says that by far the most frequent of the causes of puerperal deaths are pyæmia and septicæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic; and it is against them that antiseptic midwifery wages war, and in which he said it had already achieved great success. His remarks were confined to the local use of antiseptics. He pointed out that the healthy lochial discharge of some

women approached in smell the odor of putrefaction, so that it was not always possible to discriminate them; but in all doubtful cases it is well to treat them as if putrefactive, in order to prevent such discharges from finding their way into the blood through uterine sinuses or lymphatics, setting up blood poisoning. The removal of all putrefying material is essential to the prophylaxis or arrest of septicæmia. All measures to this end should be promptly and thoroughly applied. They consist in irrigation with carbolized water; and where it is necessary to pass the hand or instrument into the womb, they should in all cases be smeared with the ordinary carbolic acid and oil mixture. Dr. Duncan recommends an injection of the strength of one part in fifty, from one-half to a pint being used at a time. He recommends a double canula to secure free return of the injected material. The injection should be gently introduced through a tube from a point above the patient. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He opposes the leaving of the intra-uterine tube *in utero* with a view to drainage, for, if antiseptically plugged, it is a source of danger in itself. He also warns against too frequent daily injections.—*St. Louis Med. and Surg. Journal*.

VOMITING OF PREGNANCY—ETHER SPRAY.—Dr. Lester writes to the *New York Medical Record* giving a case of uncontrollable vomiting, in which, after everything else had been tried, he conceived the idea that freezing the pneumo-gastric near its origin might possibly control the intensely-irritable stomach. In view of this fact, he at once commenced the process of freezing the nerve in its track, under the sterno-mastoid, on both

sides of the neck alternately. The effect was, indeed, remarkable, for decided benefit was observed after the first trial, and during the first twenty-four hours the woman vomited only four times, and in three days the vomiting ceased entirely. This process was performed every two hours the first day, and at much longer intervals during the second and third days, and continued ten minutes at each sitting. The pulse was closely observed.

MENSTRUATION AFTER HYSTERECTOMY.—Dr. Tillaux (*Bull. Gen. de Therap.*, vol. ii., 1880, p. 231), completing the observations communicated by him to the Académie de Médecine, relative to a woman operated upon last year, remarked that this individual, in whom the entire uterus except the cervix had been removed, had subsequently exhibited, as before the operation, the phenomena of menstruation. It must be stated, however, that both the ovaries had been preserved intact. In two other women, one of whom had retained the ovaries after hysterectomy and the other had suffered their removal, the menses had in the first case appeared and were kept up, while in the latter case they disappeared and did not return.

THE COMPOSITION OF JABORANDI.—Dr. Albertoni (*Giornale la Salute*) states that in Italian commerce a new preparation of pilocarpin has been introduced, under the name of *Pilocarpina Sciroposa Pura*, which, if dissolved in water and applied to the eyes of man, produces at first notable myosis, which will cease in the course of an hour, and then a mydriasis will follow, lasting from twenty-four to sixty hours. Pure pilocarpin and its salts never cause this secondary mydriasis in any dose. Longley had

noticed some difference in the action of some of the preparations of the drug upon the heart, and Hardy—the first who investigated the chemical composition of jaborandi (without extracting the pilocarpin)—showed that the difference was probably due to the presence of another alkaloid. In some of the jaborandi of commerce Dr. Albertoni was able to discover only the myotic action.

MILK DIET IN HEART DISEASE.—Professor Potain thus sums up the conclusions of a paper which he read at the meeting of the Association Française, at Rheims: "The milk regimen is especially efficacious in secondary diseases of the heart, simple hypertrophy or dilatation having a renal or a stomachal origin. This regimen modifies in the one case the condition of the kidney, and the other that of the stomach, in this sense especially, that it imparts to these organs a more complete repose. In order to be really efficacious it must be absolute and prolonged. It may intervene usefully in cases of simple reflex palpitations, when this reflex disturbance originates in the stomach. Its diuretic action may prove of utility in cases of dropsy, especially, and perhaps exclusively, when the dropsy is the consequence of secondary renal disturbance or of a phlogosis of the serous membranes. The regimen can be of utility only on condition of its being well tolerated; that is, of the capability of the digestive and assimilative faculties effectually utilizing it."

FIBROIDS OF THE UTERUS have been successfully treated with dry earth. Dr. Hewson, of Philadelphia, has used it for twelve years. He makes a paste of the ordinary brick clay and encircles the abdomen of

the patient with it, covering it with batting and securing it with a many-tailed bandage. He reports fifty successful cases. Potters' clay does not work so well as the fine yellow clay employed in making the best Philadelphia bricks.—*Med. Record, Extra.*, June 14, 1880.

COLD AND HOT WATER IN POST PARTUM HEMORRHAGE.—Dr. Lombe Atthill says we inject water as hot as can be conveniently borne by the hand, *i. e.* 112° F.—in a full stream into the cavity, continuing this until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman it is better to use cold.

2d. Where, from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected without previously using cold.

4th. In case of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the Perchloride of Iron is considered necessary, previous injection of warm water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

TAPPING PULMONARY CAVITIES.—Dr. Thompson, of London, in a paper on this subject (*Virginia Med. Monthly*, 1880), makes the following remarks: Pulmonary cavities may be broadly classed into two groups: 1, those which are found in the upper lobe of the lung, and which may be denominated *phthisical*; and 2, those which are formed in the base of the lung, and which are generally *pneumonic*. The first group—apical or phthisical cavities—occupy preferably the upper lobe, secrete (?) matter of a peculiar nature, non-fetid, septic, but seldom distinctly purulent, although under the microscope degenerated pus-cells may be found. The peculiar characteristic nature of the matter is shown by its property of producing tubercular infection, when locally applied to pulmonary tissue. The second group—basal or pneumonic cavities—occupy only the lower parts of the lung, secrete a purulent, often a gangrenous matter, of overpowering fetor, which, when transferred to other parts of the lung, results, not in tubercle, but in pus. The first kind of cavity is invariably associated with firm and complete adhesions of the pleural surfaces in the neighborhood of the cavity. With the second form of cavity the adhesions are by no means so complete; bands of fibres may only tie down the opposite pleural surfaces, or the cavity may be associated with an empyema and absence of adhesion—a condition by no means rare. An illustrative case is then cited, and after some further considerations the following conclusions are presented: 1. Except for the introduction of local remedies, the puncture of an apex cavity can hardly be expected to lead to any good result. 2. The puncture of a basal cavity is demanded if the secretion be fetid, provided there are reasonable grounds

for supposing that the pleural surfaces in the neighborhood of the cavity are sufficiently adherent to prevent artificial pneumo-thorax. 3. The advantages to be gained by the operation are the ventilation of the cavity and the diminution of fetor, and especially the prevention of matter passing over to, and infecting the sound lung.

TEST FOR ARSENIC IN WALL-PAPERS, ETC.—Dr. Henry Barnes gives the following easy test to detect arsenic in paper-hangings, ect. Immerse the suspected paper in strong ammonia, on a white plate or saucer: if the ammonia becomes blue, the presence of a salt of copper is proved; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present the crystal will become coated with yellow arseniate of silver, which will disappear on stirring.

DIFFERENTIAL DIAGNOSIS BETWEEN HEPATIC AND NEPHRITIC COLIC.—In an excellent article pointing out the characteristic seat and nature of the pain felt in each of these diseases, Dr. Cornillon (*Le Progrès Médical*, 1880, p. 66.) concludes as follows: "There is not the least resemblance between the painful points in hepatic colic and those of nephritic colic. In the first place, the latter are incomparably the most severe. In addition, the first are seated at the base of the thorax and above that point, as in the epigastric, dorsal, and scapular regions, while the pains in nephritic colic are referred to the inferior segment of the body,—the renal, lumbar, inguinal, and testicular regions. In doubtful cases the exact determination of their respective position is an excellent point in the differential diagnosis."

INTERNAL ERYSIPELAS; ERYSIPELATOUS PNEUMONIA; CONSECUTIVE ERYSIPELAS OF THE FACE.—Cuffer (*Cbl. f. Chir.*, 1880, p. 623;) describes a case where fever, vomiting, dyspnoea, and pain in the right lower lobe of the lungs, with apparent pneumonic infiltration of that lobe, were observed eight days before admission to the hospital. Characteristic sputa were not observed,—which threw doubt on the diagnosis. On the third day after admission to the hospital, facial erysipelas, beginning first at the tip of the nose, developed without additional fever. On questioning the patient, it was found that he had shortly before lain in the bed of an erysipelas patient. Cuffer concludes that the disease attacked the lungs first, spreading thence to the trachea, larynx, pharynx, and so to the face.

HEART-DISEASE AND PREGNANCY.—Prof. Peter Porak, *Thèse de Paris, Le Progrès Méd.*, 1880, p. 671) forbids marriage to a woman with cardiac disease. If she is married, he forbids pregnancy; if pregnant, he forbids suckling. When pregnancy and heart-disease coexist, Porak advises waiting unless some symptoms arise. Should trouble of the heart supervene on the approach of labor, this is to be hastened and terminated rapidly. If the woman's life is threatened, earlier premature labor or even abortion, should be induced.

LACTOPEPTINE.—We ask the attention of our readers to this preparation. The formula is published, and it should *not* be confounded with the worthless nostrums that are paraded before the Profession. It has been used very successfully in Dyspepsia and the morning sickness of Pregnancy.—*American Observer, Detroit, Mich.*, July.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION IN 1881.

Will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed, by the American Institute of Homœopathy, a Committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend.

By communicating at once to one of this Committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

I. T. Talbot, 66 Marlborough St. Boston, Wm. Tod Helmath, 299 Madison Ave. New York, Bushrod W. James, 18th and Green Sts. Philadelphia, Committee.

MARRIAGE NOTICE.

--Married on Dec. 16, 1880, CHAS. E. BLUMENTHAL, M. D., to MRS. JANE C. LOTTIMER, both of the city of New York.

Among the important papers appearing in the last (November) issue of the Homœopathic Journal of Obstetrics are—

1. Anterior Obliquity of the Uterus, a frequent cause of Tedious Labor. Its treatment, by Wm. H. Bigler, M.D., Philadelphia.

2. Laceration of the Cervix Uteri, by O. S. Runnels, M.D., Indianapolis, Ind.

3. Perineal Lacerations, by R. N. Foster, M.D., Chicago, Ills.

4. Report upon some of the Recent Improvements in the Science and Art of Obstetrics, by George S. Walker, M. D., St. Louis, Mo.

5. Painless Labor, by Wm. Budd Trites, M. D., Phila., Penn.

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